

Department of Value Added Tax

Form DVAT 44

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application For Obtaining Form DVAT 34 or DVAT 35

To

The Commissioner

Department of Value Added Tax

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1. Name of the Dealer: Vijay Patel
2. Address of the Dealer : Silvassa
3. Registration Number: 26000000001
4. Central Sales Tax Registration Number:DNH/CST/001
5. Whether returns filed upto date: 01/01/2015
6. Arrears if any: NO (Year Wise) _____ 2014-2015 _____

	Form DVAT 34			Form DVAT 35		
7. Number of forms last issued	1	0	0	2	0	0
8. Date of last issue (mm/dd/yy)	01/01/ 2015			10/01/ 2015		
9. Balance unused forms in hand	1	0	0	1	0	0

10. Details of Enclosures:

- Account of declaration forms in Form DVAT 35B

	Form DVAT 34			Form DVAT 35		
11. Number of forms applied for	2	0	0	2	0	0

The forms may please be delivered to our counsel (name)____ABCD Industires____ who is duly authorised to collect the forms on my behalf.

12 Verification :

I/We _____Vijay Patel_____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____

Vijay Patel

Full Name (*first name, middle, surname*) _____

Proprietor

Designation

Place	S	I	L	V	a	S	S	a			Date (mm/dd/yy)	0	1	/	0	1	/	1	5
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