

Department of Goods Tax
Government of Arunachal Pradesh

Form DF-06

(See Rule 48 of the Arunachal Pradesh Goods Tax Rules, 2005)

Arunachal Pradesh Goods Tax Refund Form – Embassies, International and Public Organisations and Staff

1. Name of Embassy/ International and Public

Organisation _____

2. Address of Embassy/

Building Name/ Number _____

International and Public

Area/ Road _____

Organisation

Locality/ Market _____

Pin Code _____

Email Id _____

Telephone Number(s) _____

Fax Number(s) _____

3. Entry Number of Sixth Schedule under which the applicant is eligible to claim refund _____

4. Date of filing of last refund form _____

DD / MM / YYYY

5. For Embassy, International and Public Organisation, total tax paid as per invoices attached _____

Please attach all tax invoices for which tax refund is being claimed

6. For Staff, total tax paid as per invoices attached _____

Please attach all tax invoices for which tax refund is being claimed

7. Total Tax Refund Claimed (5+6) _____

8. Please attach the following documents:

a. summary of purchases

b. All the tax invoices on which credit is being claimed

S.No.	Invoice No.	Date	Value of goods (excluding VAT)	VAT paid (in INR)

9. Name and address of Bank of Embassy/ _____ + _____

International and Public Organisation _____

10. Account Number of Embassy/ _____

International and Public Organisation _____

11. MICR Number of Bank _____

12. Verification

I/We _____ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature _____

Name _____

Designation (in case of authorized

signatory, please attach the letter of

authorization with this form) _____

Date _____

DD / MM / YYYY

Place _____

Instructions for filling Return Form (Embassy and Staff)

1. Please do fill all the applicable fields in the form
2. Please maintain a minimum period of 3 months between successive filing of refund claims
3. Please attach a copy of the letter of authorization in case the form is not signed by the Chief of the Organization.
4. Please refer to Sixth Schedule for ascertaining the following:
 - Qualified persons eligible to claim refund; and
 - Eligibility of items/transactions eligible for refund