Department of Trade and Taxes

Government of NCT of Delhi

**Form CC 01**

[See notification under section 16(12)]

**CERTIFICATE BY THE CONTRACTOR**

(for the tax period from………..to………..)

I……………………………….……… (Name of the person signing the declaration)…………….…….

(Proprietor/Partner/Director/Manager/Secretary/Karta/Trustee/Office) in charge of M/s………………… who is a registered dealer holding TIN……………… under the Delhi Value Added Tax Act, 2004, hereby certify that I have opted to pay tax under the composition scheme as notified under section 16(12), vide notification dated…………………..……., mentioned in the said notification at serial no……………….…...., w.e.f. ……………….…., and that I have awarded sub-contract work to M/s……………………………… who is also a registered dealer holding TIN………..…………….

The details of the sub-contract are as under:-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. | Particulars of | Date of | Value of | Total amount of payments | Balance value | Last date for |
| No. | works contracts | allocation | sub- | made to sub-contractor | of the sub- | completion of |
|  | awarded as sub- | of sub- | contract | during the period | contract | sub-contract, if |
|  | contract | contract |  | from…to…. |  | any |
|  |  |  |  |  |  |  |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|  |  |  |  |  | (4-5) |  |
| 1. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | TOTAL |  |  |  |  |  |
|  |  |  |  |  |  |  |

* I further certify that I have deposited the due tax to the govt. treasury in respect of the amount mentioned in column 5 above.
* I further undertake I shall deposit the due tax to the govt. treasury in respect of the amount mentioned in column 5 above.

Name and signature of contractor / authorized signatory

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
| Full Name *(first name, middle, surname)* | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
| Designation | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Place |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Date

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |

\* Strike out whichever is not applicable