Department of Trade and Taxes

Government of NCT of Delhi

**Form DVAT 12**

*[See Rule 23]*

**Form for furnishing Security**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | Registration No./TIN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | | |  | |  | |  | |  | |  | |  |  |  |  | |  | |  | |  | |  |  |
| **2.** | Full Name of Applicant Dealer | | |  | |  | |  | |  | |  | |  |  |  |  | |  | |  | |  | |  |  |
|  | *(For individuals, provide in order of* | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *first name, middle name, surname)* | | |  | |  | |  | |  | |  | |  |  |  |  | |  | |  | |  | |  |  |
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| **3. Details of Security Already Submitted** | | | | | | | | | | | | | | | | | | | | | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. | Purpose | Type of | In case of Bank Guarantee, | Description | Amount | Date of expiry |
| No. | of | security | name and address of bank | and details of | (Rs.) | (mm/dd/yy) |
|  | security |  | on which it is drawn | security |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **4. Details of Security Now Being Furnished** | | | |  |  |  |
|  |  |  |  |  |  |  |
| S. | Purpose | Type of | In case of Bank Guarantee, | Description | Amount | Date of expiry |
| No. | of | security | name and address of bank | and details of | (Rs.) | (mm/dd/yy) |
|  | security |  | on which it is drawn | security |  |  |
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**5.** Verification

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.

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|  | Signature of Authorised Signatory | | | | | | | | | | | |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  | Full Name *(first name, middle, surname)* | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  | Designation/Status | | |  |  |  |  |  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
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|  | Place |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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