Department of Trade and Taxes

Government of NCT of Delhi

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|  |  |  |  |  | **Form DVAT 13** | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  | *[See Rule 24]* | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Application for return, release or discharge of security** | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.** TIN | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2.** Full Name of Applicant Dealer | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3.** Reason for return, release | | | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| or discharge | | of security | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *(in detail)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4. Details of Security sought to be released** | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| S. | Purpose of | Type of | In case of Bank Guarantee, | | | | | |  | Description and | | | |  | Amount | |  | Date of | | |  |
| No. | security | security | name and address of bank on | | | | | | details of security | | | | |  | (Rs.) | |  | expiry | | |  |
|  |  |  |  | which it is drawn | | | | |  |  |  |  |  |  |  |  |  | (dd/mm/yy) | | |  |
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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 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |
|  | Address for future correspondence | | | | | | | | | | | | |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |
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|  | Address for correspondence in case of cancelled RC | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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