Department of Trade and Taxes

Government of NCT of Delhi

**Form DVAT 21**

*[See Rule 34]*

**Delhi Value Added Tax Refund Claim Form**

**1.** Registration No./TIN

**2.** Full Name of Dealer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.** Dealer’s address | Building Name/ Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Area/ Road |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Locality/ Market |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Pin Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4.** Tax refund claimed (attach supporting documents) | Rs. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **5.** Ground for claiming refund |  |  |  |  |  |  |  |  |  |  |
| (provide reasons in detail, attach |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| additional sheets if required) |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.** Tax Period in which refund claimed | From |  |  | / |  |  | / |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Day |  | Month |  |  | Year |  |
|  | To |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Details of Bank Account
	1. Bank Account No.
	2. Bank Account Type
	3. Operated in the name of
	4. Name & Address of Bank/Branch
	5. MICR No.

**6.** 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.

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

Place

Date

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

**Instructions for filling Refund Form (DVAT-21)**

1. Please fill only those claims for refund of tax, penalty or interest due under the Act which have not already been claimed in the return.
2. Please attach a certified copy of judgment or order in case the refund arises out of a judgment of a Court or an order of any authority under the Act.