

**APPLICATION FOR CLAIMING REIMBURSEMENT OF CENTRAL SALES TAX AGAINST "C" FORM FOR THE GOODS BROUGHT INTO THE BONDED PREMISES OF THE STP UNIT FOR THE QUARTER ENDING ON -----.**

1. Name of the Applicant :
  
2. Full Postal address :
  
  
  
  
  
  
  
  
  
  
3. (a). No. and Date of Letter of Approval issued :  
under STP Scheme  
(b). Whether the Letter of Approval is still valid :  
on the date of this application.
  
  
  
  
  
  
  
  
  
  
4. Registration No. :  
(with date of issue) issued by S.T. Authorities  
under CST Act 1956
  
  
  
  
  
  
  
  
  
  
5. Details of the goods brought into units :
  - (a). Name and address of the supplier  
(including the name of the State  
where the Supplier is located)
  - (b). Description of goods
  - (c). Quantity
  - (d). Value
  - (e). Date of Purchases of goods
  - (f). Date of receipt of goods in the  
Custom Bonded Premises of the  
STP unit
  - (g). Total amount of CST paid against  
"C" Form
  - (h). Sales Tax Registration No. & Date  
of the supplier under Section (7) of  
the Central Sales Tax Act, 1956.
  
  
  
  
  
  
  
  
  
  
6. Amount of CST claimed :
  
7. Undertaking and Declaration

- a) I/We hereby solemnly undertake/declare that the particulars stated are true and correct to the best of my /our knowledge and belief.
- b) No other application for claiming CST has been made or will be made in future against purchases covered by the application.
- c) The goods for which the claim has been made are meant for the production of goods for export and / or for export production of the STP unit and will be utilized only in our factory and we shall not divert or dispose off the material procured without obtaining prior permission of the concerned Development Officer.
- d) The goods for which the claim has been made have been entered into the stock register maintained by the unit.
- e) In case the unit is wound up or the unit is allowed to be prematurely de-bonded, we undertake to refund the entire CST claimed for our STP unit.
- f) Any information, if found to be incorrect, wrong or misleading, will render us liable to rejection of our claim without prejudice to any other action that may be taken against us in this behalf.

If as a result of scrutiny any excess payment is found to have been made to me/us, the same may be adjusted against any of the subsequent claims to be made by my/our firm or in the event no claim is preferred, the amount overpaid will be refunded by me/us to the extent of the excess amount paid.

Signature :  
Name in Block letters :  
Designation :  
Name of the Applicant :  
Firm :

**CHARTERED ACCOUNTANT CERTIFICATE**

I/We hereby confirm that I/We have examined the prescribed material receipt registers, books of account and the bank statement in respect of the goods mentioned in the table appended, and each entry of the application of M/s..... for the period ..... and hereby certify that:

- (i). The following documents / records have been furnished by the applicant and have been examined and verified by me / us namely material handling registers certified by the Zone administration / Bonding Officer/ original invoice/bill, books of accounts and 1 Bank statement.
- (ii). Relevant registers have been authenticated under my / our seal, signatures. It has been ensured that the information furnished is true and correct in all respects, no part is false or misleading and no relevant information has been concealed or withheld.
- (iii). The payment has been made by the said M/s. \_\_\_\_\_ to the DTA suppliers in respect of goods received against the original invoice bill(s) as indicated in the table annexed here to.
- (iv). The payments have been made by cheque/draft and have been credited to the accounts of DTA suppliers.
- (v). Such payment include the amount of CST indicated in the respective invoices.
- (vi). All the items shown in the table are admissible for re-imburement of CST under provisions of EXIM Policy and Hand Book of Procedures.

Neither me or any of my partners is a partner / Director or an employee of the above named entity or its associated concerns.

I fully understand that any submission made in this certificate if proved incorrect or false, will render me / us liable to face any penal action or other consequences as may be prescribed in law or otherwise warranted.

Signature & Stamp / Seal of the Signatory :  
Name :  
Membership No. :  
Full address :

Name and address of the Institution where registered.  
Date :  
Place:

## TABLE

### DETAILS OF GOODS BROUGHT INTO UNIT AND CENTRAL SALES TAX PAID DURING THE QUARTER-----.

i)	S.No.	:
ii)	Name and address of the supplier	:
iii)	Nature and description of goods	:
iv)	Quantity received and accepted	:
v)	Invoice value accepted	:
vi)	Invoice / Bill No. and date	:
vii)	Date of receipt of the goods and S.No. of entry in material receipt register:	:
viii)	CST amount paid	:
ix)	'C ' form No	:
x)	Cheque / DD No. date and amount	:
xi)	Name of Bank and Branch	:
xii)	CST registration No. of the supplier	:

Note: Table shall show supplier-wise sub-total and grand total of column (v), (vii) and (x)  
Cheque / DD amount.

Signature & Stamp / Seal of the Signatory :  
Name :  
Membership No. :  
Full address :

Name and address of the Institution where registered.  
Date :  
Place: