

**Annexure - XXVI**

**APPENDIX I**

Application for claiming reimbursement of Central Sales Tax against 'C' Form for the goods brought into the bonded Premises of STP/EHTP units

1. Name of the applicant :
2. Full Postal Address
3. (a) No and date of Letter of Approval issued under STP/EHTP 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 & 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 purchase of goods :
  - (f) Date of receipt of goods in the Customs Bonded Premises of the EHTP/STP unit :
  - (g) Total amount of CST paid against 'C' Form
  - (h) Sales Tax Registration No & date of the supplier

**UNDERTAKING AND DECLARATION**

- a) I/we hereby solemnly undertake/declare that the particulars stated above 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 production of goods for export and/or for export production of the EHTP/STP unit will be utilised only in our factory and we shall not divert or dispose off the material procured without obtaining prior permission of the concerned Development Commissioner.
- 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 EHTP/STP unit.
- f) Any information, if found to be incorrect, wrong or misleading, will render me/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 letter .....

Designation .....

Name of the Applicant .....

Firm .....

**ANNEXURE - II**  
**CHARTERED ACCOUNTANT CERTIFICATE**

I/We hereby confirm that I/We have examined the prescribed registered and prescribed material/receipt registers and also the relevant records 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
- II. Relevant registers have been authenticated under my/our seal, signature. 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. Neither me or any of my partners is a partner is a partner/Director or an employee or the above named entity or its associated concerns.
- IV. I fully understand that any submission made in this certificate if proved incorrect or false, will render me/us liable to case any penal action or other consequences as may be prescribed in law or otherwise warranted.

Signature .....

Name .....

Designation .....

Name and address of the Institution where registered. Registration Number and date of Corporate Membership.

Date: .....

Place: .....

**APPENDIX III**

**CHARTERED ACCOUNTANTS CERTIFICATE**

I/We have examined the books of account maintained by  
M/S.....  
and also the bank statement for the period  
..... And hereby certify that;

1. The payment has been made by the said  
M/S..... to the indicated in  
the table annexed hereto.
2. The payments have been made by cheque/draft and have been  
credited to the accounts of the DTA suppliers.
3. Such payment include the amount of CST indicated in the respective  
invoices.

Neither I/We nor any of our 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 the 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 the Unit and Central Sales Tax paid during the  
Quarter

S. NO	NAME AND ADDRESS OF THE SUPPLIER	DESCRIPTION OF THE GOODS	BILL NO. & DATE	QTY	VAL	DATE OF RECEIPT	CST Amount Paid	C Form No.	Cheque No. & Date	Name of the Bank	Bank Ref. No.	Nature of Goods

Signature & Stamp/seal of the Signatory

Name: \_\_\_\_\_

Membership No: \_\_\_\_\_

Full Address: \_\_\_\_\_

Name and Address of the Institution where Registered.

Date:

Place: