

**(TO BE PUBLISHED IN PART IV OF THE DELHI GAZETTE
EXTRAORDINARY)
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DEPARTMENT OF TRADE AND TAXES
VYAPAR BHAWAN, I.P. ESTATE, NEW DELHI-110 002**

No.F.5(54)/Policy-II/VAT/2011-12/438-450

Dated : 07.08.2012

NOTIFICATION

No.F.5(54)/Policy-II/VAT/Amendment/2011-12/ - Whereas the Ministry of External Affairs, Government of India in accordance with the principle of reciprocity have requested the Government of National Capital Territory of Delhi to grant facilities for exemption/refund of VAT in respect of official purchases of Embassy of the Republic of Seychelles in New Delhi and personal purchases of its diplomats, with immediate effect vide their letter No. D-IIj/451/12(21)/2008 dated 02.07.2012.

And whereas, I Rajendra Kumar, Commissioner, Value Added Tax, Government of National Capital Territory of Delhi, am of the opinion that it is expedient in the public interest to do so.

Now, therefore, in exercise of the powers conferred by sub-section (2) of Section 103 of the Delhi Value Added Tax Act, 2004 (Delhi Act 3 of 2005), I hereby make the following amendments in the sixth schedule of the said Act namely:

AMENDMENTS

In the Sixth Schedule of the Delhi Value Added Tax Act, 2004 (Delhi Act 03 of 2005), in the entry at Sl. No. 1 in part-A, new sub-entry below Sl. No. 84 shall be inserted, namely:-

“(84A) Republic of Seychelles, New Delhi for VAT, exemption/refund for official purchases by it and for personal purchases of its diplomats.”

Minimum Invoice value eligible for refund shall be Rs. 1500/-.”

(Rajendra Kumar)
Commissioner, Value Added Tax

FORM CD – 1

Details of Central Declaration Forms

Financial Year : _____

Period: _____

Form: _____

Amount: _____

Details of Form:

Form No. : Series _____ Form No.

Date of Issue: _____

Issuing Office: _____

Issuing State: _____

Form Received From:

TIN: _____

Name: _____

Address: _____

State: _____

Details of Missing Forms

Financial Year: _____

Period: _____

Form: _____

Tax Rate Wise Breakup of Missing Forms

<u>Rate</u>	<u>Amount</u>
4%	_____
5%	_____
12.5%	_____
20%	_____
Total:	_____

Details of Payment Made on Account of Missing Forms

Financial Year: _____

Period: _____

Tax: _____

Interest: _____

Total: _____

Details of Payment

Challan No.	Name of Bank & Branch	Date of Deposit	Amount