

ANNEXURE-VI

Reduction / Adjustment Summary

Sr No.	Description	Year & Tax Period	Amount (reduction / adjustment)	Order No.	Order date	Balance demand, if any remaining after adjustment
1	2	3	4	5	6	7
1.	Reduction of refund amount					
2.	Adjustment against outstanding demand					
	Total					

(Signature)

Name

(Designation)

Ward/Circle/Unit/Other

(Place)

(Date)

ANNEXURE-VII

Department of -----

Government of -----

Form GST - *[See Rule --]*

Refund Claim Form under ---- Goods & Services Tax Act, ----

[To be used only by Embassies, International and Public Organisations and their Officials]

1. Registration No.																			
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2. Tax Period for which refund claimed	From											To							
		dd	mm	yy			dd	mm	yy										

3. Full Name of Embassy / Organisation /																			

4. Address of Embassy / Organisation	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Pin Code																		
	Email Id																		
	Telephone Number																		
	Fax Number																		

5. Entry Number of ---- Schedule under which the applicant is eligible to claim refund		
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6. Amount of refund claimed (Rs.) (As per invoice detail provided below)	IGST	CGST	SGST																

7. Details of purchases of tax paid goods in respect of which refund of tax is sought

Sr. No.	Invoice date	Invoice No.	Supplier's GSTIN	Supplier's Name	Value / Price (excluding tax)	Tax (Rs.)		
						IGST	CGST	SGST
1	2	3	4	5	6	7	8	9
Total								

8. Details of Bank Account in which refund should be remitted	Bank Account Number																		
	Bank Account Type																		
	Operated in the name of																		
	MICR / IFSC																		
	Name of Bank																		
	Address of Branch																		

9. 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