

**APPLICATION FOR CLAIMING Reimbursement of Central Sales  
Tax against 'C' Form the goods brought into the  
Bonded Premises of EOU/EPZ/FTZ/EHTP/STP units**

- 1. Name of the application : .....
- 2. Full postal address : .....
- 3.a) No. and date of Letter of Approval issue under EOU/EPZ/EHTP/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 & 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 EOU/EPZ 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 : .....

**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 EOU/EPZ/EHTP/STP unit and will be utilized only in our factory and we shall not divert and 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 EOU/EPZ unit.
- f) Any information, if found to be incorrect, wrong and 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 Letters .....

Designation .....

Name of the Applicant .....

Firm .....