

# Form VAT – 12

(See rule 30, 63 & 64)

## Declaration at ICC or check post

Name of ICC	<input type="text"/>	ICC Code	<input type="text"/>										
Serial No.	<input type="text"/>	Import / Export	<input type="text"/>										
Sr. No. of FORM VAT- 36	<input type="text"/>	Date:	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td>2</td><td>0</td><td></td><td></td></tr></table>			/			/	2	0		
		/			/	2	0						
		Time:	<input type="text"/>										

### DECLARATION

1.	R.C. No of the Consignor	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
	(i) Name & Complete Address of the Consignor	<input type="text"/> <input type="text"/>																				
3.	R.C. No of the Consignee	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
	(ii) Name & Complete Address of the Consignee	<input type="text"/> <input type="text"/>																				
5.	Description of Goods	<input type="text"/>																				
6.	Name and Address of the Transport Company	<input type="text"/>																				
7.	GR/TR/Way Bill/Log Book/Trip Sheet Number	<input type="text"/>																				
8.	GR/TR/Way Bill/Log Book/Trip Sheet Date	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td>2</td><td>0</td><td></td><td></td></tr></table>			/			/	2	0												
		/			/	2	0															
9.	Vehicle Number	<input type="text"/>																				
10.	Name and Address of the owner of the person incharge of goods	<input type="text"/>																				
11.	Bill / Delivery Challan Number	<input type="text"/>																				
12.	Bill / Delivery Challan Date	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td>2</td><td>0</td><td></td><td></td></tr></table>			/			/	2	0												
		/			/	2	0															
13.	Value of Goods	<b>Rs.</b> <input type="text"/>																				
14.	Destination of Goods	<input type="text"/>																				

Signature of the Officer-in-charge alongwith his Code No. and Stamp appended after the check.

Signature or thumb impression of the person transporting the goods.