

**FORM 402**  
**(See rule 51)**

**ORIGINAL**

Declaration under section 68 of the Gujarat Value Added Tax Act, 2003  
(For movement of goods within the State or goods moving outside the State)

To,  
The officer in charge  
Check post.....

1. Place From Which Goods are dispatched \_\_\_\_\_ District \_\_\_\_\_
2. Place to Which Goods are dispatched \_\_\_\_\_ District \_\_\_\_\_
3. Details of goods invoice No \_\_\_\_\_ Date \_\_\_\_\_
4. Consignor's details :

<b>Name</b>		<b>State</b>	
<b>Address</b>		<b>Registration No</b>	
		<b>Date</b>	
		<b>CST No.</b>	
<b>Phone No</b>		<b>Date</b>	

5. Nature of Transaction :

- |   |  |
|---|--|
| I Inter state sale <input type="checkbox"/> | II Transfer of documents of title <input type="checkbox"/> |
| III Depot Transfer <input type="checkbox"/> | IV Consignment to Branch/Agent <input type="checkbox"/>    |
| V For export <input type="checkbox"/>       | VI For Job works/Works contract <input type="checkbox"/>   |
| VII Any Other <input type="checkbox"/> NA   | Consigned Value _____                                      |

6. Consignee's details:

<b>Name</b>		<b>State</b>	
<b>Address</b>		<b>Registration No</b>	
		<b>Date</b>	
		<b>CST No.</b>	
<b>Phone No</b>		<b>Date</b>	

Sr. No.	Description of Goods	Commodity Code	Unit Quantity	Rate of Tax	Value
1					
2					
3					
4					

7. Transporter's Details

Name \_\_\_\_\_ Owner/Partner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 8. Vehicle No. \_\_\_\_\_  
 L.R. No. \_\_\_\_\_ Date \_\_\_\_\_

9. Driver's Details:

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Driving Licence No. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Licence issuing State \_\_\_\_\_

person in charge of goods

SEAL	Place .....	Signature: _____
	Date .....	_____
		Designation _____ Accountant _____

**For Commercial Tax Department/Check post**

Entry No.		Reason of abnormal stoppage	Result if any
Vehicle	Date	Time	
Arrival			
Depart			

Date \_\_\_\_\_ Signature \_\_\_\_\_ Designation \_\_\_\_\_  
 \_\_\_\_\_

**FORM 402**  
**(See rule 51)**

**DUPLICATE**

Declaration under section 68 of the Gujarat Value Added Tax Act, 2003  
(For movement of goods within the State or goods moving outside the State)

To,  
The officer in charge  
Check post.....

Place From Which Goods are dispatched \_\_\_\_\_ District \_\_\_\_\_  
 2. Place to Which Goods are dispatched \_\_\_\_\_ District \_\_\_\_\_  
 3. Details of goods invoice No \_\_\_\_\_ Date \_\_\_\_\_  
 4. Consignor's details :

<b>Name</b>		<b>State</b>	
<b>Address</b>		<b>Registration No</b>	
		<b>Date</b>	
		<b>CST No.</b>	
<b>Phone No</b>		<b>Date</b>	

5. Nature of Transaction :

I Inter state sale	<input type="checkbox"/>	II Transfer of documents of title	<input type="checkbox"/>
III Depot Transfer	<input type="checkbox"/>	IV Consignment to Branch/Agent	<input type="checkbox"/>
V For export	<input type="checkbox"/>	VI For Job works/Works contract	<input type="checkbox"/>
VII Any Other	NA	Consigned Value	_____

6. Consignee's details:

<b>Name</b>		<b>State</b>	
<b>Address</b>		<b>Registration No</b>	
		<b>Date</b>	
		<b>CST No.</b>	
<b>Phone No</b>		<b>Date</b>	

Sr. No.	Description of Goods	Commodity Code	Unit Quantity	Rate of Tax	Value
1					
2					
3					
4					

7. Transporter's Details

Name \_\_\_\_\_ Owner/Partner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 8. Vehicle No. \_\_\_\_\_  
 L.R. No. \_\_\_\_\_ Date \_\_\_\_\_

9. Driver's Details:

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Driving Licence No. \_\_\_\_\_  
 \_\_\_\_\_  
 Licence issuing State \_\_\_\_\_

person in charge of goods

SEAL	Place _____	Signature: _____
	Date _____	_____
	Designation _____	Accountant _____

**For Commercial Tax Department/Check post**

Entry No.			Reason of abnormal stoppage	Result if any
Vehicle	Date	Time		
Arrival				
Depart				

Date \_\_\_\_\_ Signature \_\_\_\_\_ Designation \_\_\_\_\_

**FORM 402**  
**(See rule 51)**

**TRIPLICATE**

Declaration under section 68 of the Gujarat Value Added Tax Act, 2003  
(For movement of goods within the State or goods moving outside the State)

To,  
The officer in charge  
Check post.....

- Place From Which Goods are dispatched \_\_\_\_\_ District \_\_\_\_\_  
 2. Place to Which Goods are dispatched \_\_\_\_\_ District \_\_\_\_\_  
 3. Details of goods invoice No \_\_\_\_\_ Date \_\_\_\_\_  
 4. Consignor's details :

<b>Name</b>		<b>State</b>	
<b>Address</b>		<b>Registration No</b>	
		<b>Date</b>	
		<b>CST No.</b>	
<b>Phone No</b>		<b>Date</b>	

5. Nature of Transaction :

- |                    |                          |                                   |                          |
|--------------------|--------------------------|-----------------------------------|--------------------------|
| I Inter state sale | <input type="checkbox"/> | II Transfer of documents of title | <input type="checkbox"/> |
| III Depot Transfer | <input type="checkbox"/> | IV Consignment to Branch/Agent    | <input type="checkbox"/> |
| V For export       | <input type="checkbox"/> | VI For Job works/Works contract   | <input type="checkbox"/> |
| VII Any Other      | NA                       | Consigned Value                   | _____                    |

6. Consignee's details:

<b>Name</b>		<b>State</b>	
<b>Address</b>		<b>Registration No</b>	
		<b>Date</b>	
		<b>CST No.</b>	
<b>Phone No</b>		<b>Date</b>	

Sr. No.	Description of Goods	Commodity Code	Unit Quantity	Rate of Tax	Value
1					
2					
3					
4					

7. Transporter's Details

Name \_\_\_\_\_ Owner/Partner Name \_\_\_\_\_  
 Address \_\_\_\_\_

8. Vehicle No. \_\_\_\_\_  
 L.R. No. \_\_\_\_\_ Date \_\_\_\_\_

9. Driver's Details: Name \_\_\_\_\_  
 Address \_\_\_\_\_ Driving Licence No. \_\_\_\_\_  
 \_\_\_\_\_  
 Licence issuing State \_\_\_\_\_

person in charge of goods

SEAL	Place _____	Signature: _____
	Date _____	_____
	Designation _____	Accountant _____

**For Commercial Tax Department/Check post**

Entry No.			Reason of abnormal stoppage	Result if any
Vehicle	Date	Time		
Arrival				
Depart				

Date \_\_\_\_\_ Signature \_\_\_\_\_ Designation \_\_\_\_\_

Guidance:

- 1 Form 402 is to be given with each sale bill for moments of goods with the sale
- 2 Form 402 is to be given in triplicate
- 3 Please sign and stamp at the mentioned places

