FORM 402 (See rule 51)

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						
Check post	t					
1.	Place From Whic	h Goods are di	spatched		District	
2.	Place to Which G	loods are dispa	tched		District	
3.	Details of goods i	invoice No			Date	
4.	Consignor's detai	ils :				
Name				State		
Address				Registration No		
				Date		
				CST No.		
Phone No				Date		
5.	Nature of Transa	ction :		,		
I	Inter state sale		II	Transfer of document	ts of title	
***	Danat Tuanafan					
111	Depot Transfer		IV	Consignment to Bran	icn/Agent	
V	For export		VI	For Job works/Work	s contract	
VII	Any Other		NA	Consig	ned Value	
6.	Consignee's deta	ils:			-	
Name				State		
Address				Registration No		
				Date		
				CST No.		
Phone No				Date		
Sr. No.	Description	of Goods	Commodity Code	Unit Quantity	Rate of Tax	Value
1					1421	
2						
3						
4						
	Transporter's De	tails				
7.	Transporter's De	tails	(Owner/Partner Name		
	Transporter's De	tails		Owner/Partner Name		
7. Name	Transporter's De	tails		,	le No.	
7. Name	Transporter's De	tails		8. Vehic	-	Date
7. Name Address				,	-	Date
7. Name Address	Driver's Details:	Name		8. Vehic		Date
7. Name Address	Driver's Details:			8. Vehic		Date
7. Name Address	Driver's Details:	Name		8. Vehice L.R. NoDriving Lie	cence No.	
7. Name Address 9. Address	Driver's Details:	Name		8. Vehic	cence No.	
7. Name Address 9. Address	Driver's Details:	Name		8. Vehicle L.R. No. Driving Licence iss	cence No.	
7. Name Address 9. Address	Driver's Details:	ods Place Date		8. Vehicle L.R. No. Driving Licence iss	cence No.	
7. Name Address 9. Address	Driver's Details:	ods Place Date		8. Vehicle L.R. No. Driving Licence iss	cence No.	
7. Name Address 9. Address	Driver's Details:	ods Place Date		8. Vehicle L.R. No. Driving Licence issues Signature:	cence No.	
7. Name Address 9. Address	Driver's Details:	ods Place Date		8. Vehicle L.R. No. Driving Licence iss	cence No.	
7. Name Address 9. Address	Driver's Details:	ods Place Date		8. Vehicle L.R. No Driving Licence iss Signature:	cence No.	
7. Name Address 9. Address	Driver's Details:	ods Place Date	ımercial Tax Depart	8. Vehicle L.R. No Driving Licence iss Signature:	cence No.	
7. Name Address 9. Address perso	Driver's Details:	ods Place Date	ımercial Tax Depart	8. Vehicle L.R. No. Driving Licence issues Signature: Designation ment/Check post	cence No.	Accountant
7. Name Address 9. Address perso SEAL	Driver's Details:	ods Place Date	ımercial Tax Depart	8. Vehicle L.R. No. Driving Licence issues Signature: Designation ment/Check post	cence No.	Accountant
7. Name Address 9. Address perso SEAL Entry No. Vehicle Arrival	Driver's Details:	ods Place Date	ımercial Tax Depart	8. Vehicle L.R. No. Driving Licence issues Signature: Designation ment/Check post	cence No.	Accountant
7. Name Address 9. Address perso SEAL Entry No.	Driver's Details: on in charge of go	ods Place Date	ımercial Tax Depart	8. Vehicle L.R. No. Driving Licence issues Signature: Designation ment/Check post	eence No.	Accountant

DUPLICATE

FORM 402 (See rule 51)

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 Check post								
	Place From Which G	oods are di	ispatched			District		
2.	Place to Which Good	s are dispa	atched		District			
3.	Details of goods invoice No					Date		
4.	Consignor's det							
Name					State			
Address					Registration No			
					Date			
					CST No.			
Phone No					Date			
5.	Nature of Transactio	n:						
I	Inter state sale			II	Transfer of documen	ts of title		
III	Depot Transfer			IV	Consignment to Bran	nch/Agent		
V	For export			VI	For Job works/Work	s contract		
VII	Any Other		NA		Consig	ned Value		
6.	Consignee's details:							
Name					State			
Address					Registration No			
					Date			
					CST No.			
Phone No					Date			
Sr. No.	Description of (Goods	Commodity C	ode	Unit Quantity	Rate of Tax	Va	lue
1								
2								
3								
4								
7.	Transporter's Details	3						
Name				(Owner/Partner Name			
Address								
		8. Vehicle No						
					L.R. No.		Date	
	Driver's Details:	Name						-
Address					DIVING LIC	cence No.		
					Licence iss	suing State	2	
	on in charge of goods							
SEAL		Place			Signature:			
		Date			-			
					Designation		Accountan	t
		For Com	mercial Tay Da	nart	ment/Check post			
Entry No.		101 0011			ormal stoppage	T.	Result if an	V
Vehicle	Date	Time	Reason of	avii	ormar stoppage	I	count ii all	· <i>y</i>
Arrival	Daic	111110						
Depart								
Date		Signature	<u> </u>		Designatio	on.		
Daic					2005114110			

TRIPLICATE

FORM 402 (See rule 51)

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	_							
Check post								
_	Place From W			_			District_	
	Place to Which		-	tched			District_	
	Details of good		ice No				Date_	
	Consignor's d	etails :						
Name						State		
Address						Registration No		
						Date		
						CST No.		
Phone No						Date		
5.	Nature of Tran	nsactio	n:		7			
I	Inter state sal	e			II	Transfer of documen	ts of title	
III	Depot Transfe	er			IV	Consignment to Brar	nch/Agent	
V	For export				VI	For Job works/Work	s contract	
	Any Other		Ĺ	N	J JA	•	ned Value	
	Consignee's d	etails:		1		Controls		
Name						State		
Address						Registration No		
11441055						Date		
						CST No.		
Phone No						Date		
						Rate of		
Sr. No.	Description of Goods			Commodity Code		Unit Quantity	Tax	Value
1								
2								
3								
4								
7.	Transporter's	Details	3					
Name					_ Owne	r/Partner Name		
Address								
						8. Vehicle No	_	
						L.R. No.		Date
	Driver's Detail	ls:	Name					
Address						Driving Lic	cence No.	
						Licence iss	suing State	
	on in charge of	goods				<u> </u>		
SEAL			Place			Signature:		
			Date					
						Designation	A	accountant
			For Co-	marcial T	'av Donart	mont/Chast most		
Entry No.			FOR COM			ment/Check post ormal stoppage	D	esult if any
Vehicle	Т	Date	Time	Rea	Son or abile	mai stoppage	K	count if arry
Arrival	L	Jail	11111					
Depart								
Depart			Signature			Designatio	ın	
Date			Signature			Designatio	11	

Guidance:

Contact Uc. 9974724047 9141279250

- 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 sing and stamp at the mentioned places