

FORM ST-39
 [See rule 40-B (2)]

MONTHLY RETURN OF CLEARING, FORWARDING,
 TRANSPORTING ETC.

Name and address of the clearing/forwarding house/
 Transporting agent etc.....

The month for which the return relates.....

S. No	Date of clearing forwarding transporting etc.	Name and full address of the consignor	Name and full address of the consignee	No. and date of delivery note/way bill etc.
1	2	3	4	5

Description Of goods	Quantity		Value of goods	Remarks
	No of Packing	Weight		
6	7	8	9	10

DECLARATION

I/We Declare that to the best of my /our knowledge that the information furnished in the above return is true and correct and that it relates to the month of

Place

Dated:

Name and signature with status
 of the person signing.