FORM VAT-58 [See rule 68(c)]

WAY BILL

Book No	Serial No	
	Date	
Name of the Transport Agency/Carrier Place of despatch	of goods: S.No.	Date.
Vehicle number in which loaded for De	spatch	

to the destination Date of despatch of the goods to the Destination.

Signature of the Manager or regular employee of the Transport Agency.

FOR USE AT THE CHECK POST

Name of the Check post Date of crossing of the goods from the Check post Goods if detained brief reasons thereof.

Name, Signature & Seal of the Officer by whom checked.

Countersignature of the officer Incharge Checkpost