FORM VAT-36

[See Rule 37(2)] Certificate of the Sale Proceeds by the Commission Agent to the Principal

Serial No	Counter	Counterfoil / Original / Duplicate						
Details of the	Principal	l:						
1. Name of the	e Dealer							_
2. Registration	n No. (TIN)	_						· · · · · · · · · · · · · · · · · · ·
3. Address	Building No./ Name / Area							
	Area / Road							
	Locality / Market							
	Pin Code							
	Email Id	I		• • • • • • • • • • • • • • • • • • • •				
		ne Numbe						
Fax Number (s)								· · · · · · · · · · · · · · · · · · ·
4. Description		` '	Agent:	• • • • • •				
T. Description	The goo	 	- rigerit.					
VAT Invoice	Name of the Goods Received vide			Qt/No. of bags		Rate	Amount	Expenses
	goods	VAT	36	or packages	Weight	per unit	Rs.	Rs.
No. Date		No.	Date					
(1) Freight							1	
(2) Gaushala								
(3) Shifting C								
(4) Weighing	_							
(5) Delivery C	_							
(7) Labour Ch	-							
` ,	larges							
(7) Cartage	race							
(8) Other Cha	ilyes							
Total: Commission	1:							
Grand Total	:							
Enclosures :	` '			ax deposited				
	(2) Dupl	icate Copy	of VAT	invoice				
							Signa	ture
Name								
				Status				
Place								
Date								
				Verification				
				form and on it		nts is tru	ie and cor	rect to the
							0:	4
Signature								
Name								
				Status				
Place								
Date								