

**Form VAT – 46**

[(See Rule 52 (2)(b)]

**SEIZURE MEMO**

- 1. Name of the business \_\_\_\_\_
- 2. Registrations No. (TIN) \_\_\_\_\_
- 3. Address
  - Building Name/ Number \_\_\_\_\_
  - Area/ Road \_\_\_\_\_
  - Locality/ Market \_\_\_\_\_
  - Town/City \_\_\_\_\_
  - District (State) \_\_\_\_\_
  - Pin Code \_\_\_\_\_
  - Email Id \_\_\_\_\_
  - Telephone Number(s) \_\_\_\_\_
  - Fax Number(s) \_\_\_\_\_
- 4. Date of Search / Survey / Inspection \_\_\_\_\_

5. Details of goods seized *(Use separate sheet, if required)*

Description of the goods	No. of packages / boxes	Weight	Estimated value	Other particulars
Reason(s) for seizure:				

6. Details of books of accounts / registers / other documents seized *(Use separate sheet, if required)*

Exhibit No.	Description	No. of pages	No of pages signed by the inspecting authority	No of pages signed by the dealer or his business manager
Reason(s) for seizure:				

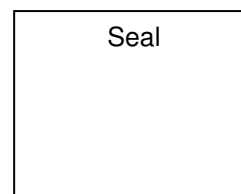
Signature of officer conducting seizure \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_



Signature of dealer / business manager \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Place \_\_\_\_\_  
Date \_\_\_\_\_

Seized and Signed in our presence:

Witness 1:

Witness 2:

Signature	_____	Signature	_____
Name	_____	Name	_____
Address	_____	Address	_____
Place	_____	Place	_____
Date	_____	Date	_____

**Instructions:**

1. Memo to be filled in triplicate.
2. One copy to be given to the dealer or its business manager at the time of seizure.
3. One copy to be submitted to the Commissioner within twenty four hours of seizure.