

Original/Duplicate/Triplicate _____
 Range _____
 Division _____
 Commissionerate _____
 Free Trade Zone [if applicable] _____

FORM A. R. 1A

**Application for removal of excisable goods from a free trade zone
 [or from a hundred per cent export-oriented undertaking] on payment of duty**

(Rules 100D)

Name and address of owner manufacturer _____

²[L-4 Licence number, if applicable] _____

Name of the buyer and address _____

No. and date of entry in the register	No. & description of packages	Gross weight of packages	Marks and Nos.	Weight or quantity	³ [Description go goods
1	2	3	4	5	6

Classification as per the First Schedule to the Customs Tariff Act, 1975 (51 of 1975)	Classification as per the ⁴ [Schedule to the Central Excise Tariff Act, 1985 (5 of 1986) for the purpose of additional duty (Customs)]	Invoice value	Assessable value for column 9	
			per unit	Total
6(b)	6(c)	7	8(a)	8(b)

1 Inserted by 13/83-CE, dt. 11. 2. 1983.
 2 Inserted by 130/84-CE, dt. 26. 5. 1984.
 3 Inserted by 130/84-CE, dt. 26. 5. 1984.
 4 Substituted by 95/86-CE, dt. 10. 2. 1986, w.e.f. 28. 2. 1986.

EXCISE DUTY

Equal to Basic Customs duty		Equal to Auxiliary duty		Equal to any other Customs Customs Duty		Assessable value for Column 11	
Rate	Amount	Rate	Amount	Rate	Amount	Per Unit	Total
9(a)	9(b)	9(c)	9(d)	9(e)	9(f)	10(a)	10(b)

Excise Duty equal to Additional (Customs) Duty						Cess	
Basic Excise Duty		Special Excise Duty		Additional Excise Duty		Amount	Rate
Rate	Amount	Rate	Amount	Rate	Amount		
11(a)	11(b)	11(c)	11(d)	11(e)	11(f)	11(g)	11(h)

Any other duty of Excise		Total of Column 9 and 11	Serial No. of Gate-pass issued	Remarks
Rate	Amount			
11(i)	11(j)	12	13	14

TOTAL AMOUNT OF DUTY (IN WORDS) RUPEES _____

For payment thro- Account Amount ugh Account Cur- No. _____ and rent No. _____ entry

TOTAL _____

Authorisation Permit No. and date _____

DECLARATION

I/We declare the above particulars to be true and correctly stated.

I/We apply for leave to clear the above goods.

Place _____

Date _____

Signature of Assessing Officer

Signature of the owner/manufacturer

Clearance allowed _____

Time _____

G. P. I-A No. _____

Date _____

Counter-Signature of Assistant Collector

Place _____

Date _____

Signature of Central Excise Officer