FORM - XXI

Department of Commercial Taxes, Government of Uttar Pradesh [See rule-40(1) of the UPVAT Rules, 2008] Trans port Memo

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2- Date	of Issue																						
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Name ar	nd Address																						
of Consignor																							
Phone No	o., if any																						
TIN														w.e	.f.	d	d	m	m	У	у	у	У
Name ar	nd Address																						
of Consig																							
goods																							
Phone No., if any																							
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	(3) for goo																					\mathcal{L})
	(4) for go	ods (of va	alue	fror	n Rs	. 5,0	00,0	01 t	o 10	,00,	000	and	l							5	(7
	(5) for go																					\mathcal{L}	ノ

Date-

Place-....

Signature of Consignor / Selling Dealer or authorized representative

[To be filled in by the owner / Driver / Person in charge of Vehicle, if found unfilled goods will be seized]

Name and Address of Transporter, carrier or																		
1 /					_		_											
forwarding agent																		
Phone No. if any																		
Service Provider Number w.e.f. d d m m y y y														У	У			
1- Goods receipt Time & date and Place																		
2- Vehicle No	2- Vehicle No.																	
3- Private Marka writt																		
4- Place from where the																		
5- Time and date of sta	ırting	g of jo	ourne	y by	the v	vehio	cle											

Signature of Owner or authorized representative of Transport co.

FORM - XXI

Department of Commercial Taxes, Government of Uttar Pradesh																						
[See rule-40(1) of the UPVAT Rules, 2008] Transport Memo																						
							Tra	nsp	ort													
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2- Date of Issue	• • • • •											 selliı	 no d	eale	r)							
(To be filled in by the consignor/selling dealer) Name and Address																						
of Consignor																						
U																						
Phone No., if any																						
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of Consignee of																						
goods																						
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Date-

Place-....

Signature of Consignor / Selling Dealer or authorized representative

[To be filled in by the owner / Driver / Person in charge of Vehicle, if found unfilled goods will be seized]

Name and Address of																			
Transporter, carrier or																			
forwarding agent																			
Phone No., if any																			
Service Provider Number w.e.f. d d m m y												УУ	у	у					
 Goods receipt Time & date and Place Vehicle No. 																			

3- Private Marka written by Transport co on the packages / packets -.....
4- Place from where the goods were loaded-.....

5- Time and date of starting of journey by the vehicle-.....

Signature of Owner or authorized representative of Transport co.