FORM 403

(See sub-rule (5) of rule 51)

ORIGINAL DUPLICATE TRIPLICATE

Declaration under Section 68 of the Gujarat Value Added Tax Act, 2003 (For goods entering into the State from outside the State)

1) Place to	which goods are dis	District			
` '	m which goods are	• ————	District		
	f goods invoice No_		Date		
4) Consign	ee's details :				
Name			State		
Address			Registration		
			Certificate N	lo	
			Date		
Telephone	ne		CST		
			registration No.		
Fax No.			Date		
·1 · I ₁	ter state sale	.2.	Transfer of do	cuments of title	
:3: D :5: F :6: A	tter state sale epot Transfer or Job works/Works ny Other or's details :-	:4:	Consignment (cuments of title to Branch/Agen Certificate No	
:3: E :5: F :6: A (6) Consign Name Address	epot Transfer or Job works/Works ny Other or's details :-	:4:	Consignment of Registration Date	to Branch/Agen	
:3: E :5: F :6: A (6) Consign Name Address	epot Transfer or Job works/Works ny Other or's details :-	:4:	Registration Date CST registration	to Branch/Agen	
:3: E :5: F :6: A (6) Consign Name Address Telepho	epot Transfer or Job works/Works ny Other or's details :-	:4:	Registration Date CST registration No.	to Branch/Agen	
:3: E :5: F :6: A (6) Consign Name Address Telepho	epot Transfer or Job works/Works ny Other or's details :-	:4:	Registration Date CST registration No.	to Branch/Agen	
:3: E :5: F :6: A (6) Consignation Name Address Telephote Fax No. Consignation Sr. Designation No. 1	epot Transfer or Job works/Works ny Other or's details :-	contract :4:	Registration Date CST registration No. Date Unit	Certificate No	t
:3: E :5: F :6: A (6) Consignation Name Address Telepho Fax No. Consignation Sr. Den No. 1 2	epot Transfer or Job works/Works ny Other or's details :-	contract :4:	Registration Date CST registration No. Date Unit	Certificate No	t
:3: E :5: F :6: A (6) Consignation Name Address Telephote Fax No. Consignation Sr. Designation No. 1	epot Transfer or Job works/Works ny Other or's details :-	contract :4:	Registration Date CST registration No. Date Unit	Certificate No	t

	(c) Owner/ Par	rtner's Name				
(8) Vehicle No L.			R.No	Date			
(9) Driver's Detail	` /	ameddress					
	(c) Driving License No(d) License issuing State						
	(e) Driver's Signature						
(10) Name of the A	Address o	f person in cl	harge of goods				
Seal)						
Place :			Signature :				
Date :			Designation:				
For Commerci	al Tax I	Departme n	nt/Check post				
Entry No.			Reason of abnormal stoppage	Result if any			
Vehicle 1	Date	Time	11 6				
Arrival							
Depart							
Date	Signature		Designation				