

Signature of Consignee (importing dealer) _____

1. Full Name of Consignee																				
2. Address of Consignee	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
3. Registration No. of Consignee																				

Date of declaration (dd/mm/yyyy)			/			/	2	0		
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Consignee's Stamp

To be filled in by the importing dealer upon receipt of goods

Particulars of Goods

Sl. No.	Description of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

Cash Memo / Invoice / Deliver Note No.										
Date (dd/mm/yyyy)			/			/	2	0		

Name of the Transporter: _____

G/R Number: _____ Date:(dd/mm/yy)_____

Date of receipt of goods (dd/mm/yy)_____

Signature of Consignee (importing dealer) _____

Consignee's Stamp

Date (dd/mm/yy)_____

Department of Trade and Taxes
Government of NCT of Delhi

Form DVAT 35

[See Rule 43]

Import Declaration

Book No. _____

Form Serial No. _____

ORIGINAL / DUPLICATE

(Original - To be submitted by the person carrying goods with the check
post authorities at the time of entry into Delhi)

(Duplicate - To be subsequently submitted with the Value Added Tax authorities at the time of
issuance of fresh forms along with the utilisation details of the forms got issued earlier)

**To be used by a dealer registered under the Delhi Value Added Tax Act, 2004
for import of goods into Delhi**

To be filled in by the importing dealer and sent to consignor for despatch of goods

1. Full Name of Consignor															
2. Address of Consignor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Building Name/ Number</td> <td style="width: 40%;"></td> </tr> <tr> <td>Area/ Road</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>District</td> <td></td> </tr> <tr> <td>State</td> <td></td> </tr> <tr> <td>Pin Code</td> <td></td> </tr> <tr> <td>Telephone Number</td> <td></td> </tr> </table>	Building Name/ Number		Area/ Road		City		District		State		Pin Code		Telephone Number	
Building Name/ Number															
Area/ Road															
City															
District															
State															
Pin Code															
Telephone Number															
3. Registration No. of Consignor*															

* CST Registration No.

Nature of transaction Tick one Purchase Stock Transfer Other (pls specify) _____

Signature of Consignee (importing dealer) _____

Consignee's Stamp

To be filled in by the exporting dealer upon dispatch of goods

1. Full Name of Consignee																				
2. Address of Consignee	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
3. Registration No. of Consignee																				

Date of declaration (dd/mm/yyyy)			/			/	2	0		
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Particulars of Goods

Sl. No.	Description of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

Cash Memo / Invoice / Deliver Note No.										
Date (dd/mm/yyyy)			/			/	2	0		

Name of Transporter: _____

Consignor's Stamp

Date of dispatch of goods (dd/mm/yy)_____

Signature of Consignor (Exporting dealer) _____

Date (dd/mm/yy)_____

To be filled in by the transporter

1. Registration No. of Goods Carrier: _____
2. Date and Time of dispatch: Date _____ Time _____
3. G/R Number: _____ Date :(dd/mm/yy) _____
4. Name of transporter: _____
5. Address of transporter: _____
6. Signature and Stamp of transporter: _____

Transporter's Stamp
