ANNEXURE VII

APPLICATION FORM FOR REFUND

Ref. No.	Date:
The Regional Director	
Regional Revenue & Customs Office	
Name of the exempt organization or individual:	
TPN/ Agency code:	
Address:	
Contact Number:	
Bank Account No.:	
Account Holder Name:	
Bank Name:	

Sl No.	Name of agency/ Taxpayer	Agency code/ TPN	Refund Amount Claimed	Revenue Money receipt No. & date	Deposit Slip/Bill No. & date

^{*****}Please use additional sheet using the same format, if required.

Documents required:

Refund details:

<u> </u>		
Income Tax refund	Sales Tax / Customs Duty/Green Tax refund	Non-tax revenue refund
• Original revenue money receipt	Original revenue money receipt/ advance	Original revenue money receipt
	adjustment voucher	Deposit Slip
	Original IDEC	
	Declaration Form/Import Bill	
	Invoices/Bills	

I/We hereby declare that information given in this declaration and attached documents are true and correct to the best of my/our knowledge. In case the declaration is found to be untrue or incorrect, I/We shall be liable for fines, penalties and prosecution including rejection of refund claim as per the provisions of the Customs Act 2017, Income Tax Act of the Kingdom of Bhutan, 2001, Sales Tax, Customs and Excise Act 2000 and amendments thereof.

(Signature of the applicant) Affix a Legal Stamp

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Sign & seal

Checklist									
1. Vei	Verified the type, amount and eligibility of refund claimed								
	Relevant documents are attached as per the checklist								
	Confirmed that the taxes/duties are deposited with concerned RRCO								
	Confirmed that the claimant has no tax outstanding dues with the Department								
Refund Star	tement								
Keluliu Sta	tement								
Name of re		Total Refund Claimed	Refund Disallowed	Actual Refund Allowed	Remarks				
claimar	nt head	Claimed							
Verified by:	:	Recon	nmended by	A	pproved by:				
Name		Name		Name					
Designation	ation Designation			Designation					

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Sign & seal

Sign & seal