## FORM - XXXIII

## Department of Commercial Taxes, Government of Uttar Pradesh [See rule-50(3) of the UPVAT Rules, 2008] Refund Payment Order

| Name and Address of Dealer/   |                | ı            |      | I            |            |      |            |             |              |      |  |            |              |            |            |              |       |           |         |     |      |          |      |     | $\Box$ |
|---|----------------|--------------|------|--------------|------------|------|------------|-------------|--------------|------|--|------------|--------------|------------|------------|--------------|-------|-----------|---------|-----|------|----------|------|-----|--------|
|   |                | _            |      |              |            |      |            | -           | -            | -    |  |            |              |            |            |              | -     |           | -       |     |      |          |      | _   | +-     |
| Person to whom refund due   |                | -            |      |              |            |      |            |             |              |      |  |            |              |            |            |              |       |           |         |     |      | <u> </u> |      | _   | +      |
| TIN (if any)  |                |              |      |              |            |      |            |             |              |      |  |            |              |            |            |              | - f   | al        | al      | 400 | 400  |          |      |     | +      |
| TIN (if any)  |                |              |      |              |            |      |            |             |              |      |  |            |              |            |            | W.           | e.f.  | (l        | d       | m   | m    | У        | У    | У   | У      |
| Name and Address of Bank –  |                |              |      |              |            |      |            |             |              |      |  |            |              |            |            |              |       |           |         |     |      |          |      |     | +      |
| as informed by the dealer for   |                |              |      |              |            |      |            |             |              |      |  |            |              |            |            |              |       |           |         |     |      |          |      |     | +      |
| the purpose of refund   |                |              |      |              |            |      |            |             |              |      |  |            |              |            |            |              |       |           |         |     |      |          |      | _   | 4      |
| Bank A/C No.  |                |              |      |              |            |      |            |             |              |      |  |            |              |            |            |              |       |           |         |     |      |          |      |     |        |
| Due to following reasons / orders, amount of rupees   |                |              |      |              |            |      |            |             |              |      |  |            |              |            |            |              |       |           |         |     |      |          |      |     |        |
| Date -<br>Seal -<br>Letter No.  |                |              |      |              |            |      |            |             |              |      |  |            |              | ne &       | Σ D        | atur<br>esig | gnat  | ion<br>Da | of ted. | ass | essi | ing      | offi | ••• |        |
| Two copies of this Refu<br>are forwarded to Deputy Comma<br>a request to submit necessary bit<br>the person whose particulars and | issio<br>II be | oner<br>efor | e th | Assi<br>ie T | sta<br>rea | nt C | Con<br>y O | nmi<br>ffic | ssic<br>er f | oner | : (A<br>mal  | dm<br>king | inis<br>g pa | trat<br>ym | ion<br>ent | ) Di         | istri | ct.       |         |     |      |          |      | '   | with   |
| Date -<br>Seal -  |                |              |      |              |            |      |            |             |              |      | Signature of assessing officer Name & Designation of assessing officer |            |              |            |            |              |       |           |         |     |      |          |      |     |        |