

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

FORM VAT 351

**NOTICE OF CLAIM FOR REFUND BY A VAT DEALER.**

(See Rule 35(9) (a))

Date    Month    Year

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01. Tax Office Address:

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02	TIN													
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03. Name :

Address:

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It is to inform you that an amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) has been due from the department as refund in pursuance of order of assessment / order passed in appeal or revision.

The above refund has been adjusted towards tax / penalty / interest for an amount of Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_)

The total / balance amount of refund of Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_ only) is due from the department.

Therefore you are requested to confirm the above claim of refund within 15 days from the date of this notice in Form VAT 352

**Signature of the Officer  
Designation, Stamp & Seal**