

APPLICATION FOR REFUND OF TAX UNDER SECTION 15(3)

FORM 510

[See Rule 35(11)]

01. Tax Office Address:

Date	Month	Year

02. Name : _____

Address: _____

We have purchased the following goods in Andhra Pradesh during the period _____

S.No.	Name of the Dealer from whom purchased	TIN / GRN	Address	Invoice No. & Date	Commodity	Quantity	Rate of Tax Charged	Value of the Goods	VAT / TOT Paid	Remarks
Total tax claimed as Refund										

Therefore, we request you that the tax paid on the above purchases may be given as refund as per the provisions of the AP VAT Act 2005.

**Signature of Authorised Officer,
Name & Status. Officer Stamp**