

FORM C C

Registration No. _____

Date _____ 200

To,

The Deputy Assessor and Collector (Octroi),

Initials of Registering Officer.

Please examine the undermentioned articles to be exported from MULUND / DAHISAR / CAUSEWAY per MOTOR No. _____ driver _____

To _____ and to be consigned to _____ and upon which I/We intend to claim refund of Octroi

(Column 1 to 6 to be filled in by the Exporter and 7 to 11 by Municipal Octroi Inspector.)

| Original Import Marks or Marks Stamped by Octroi Department | Packages of each size or sort. | | Description of articles. | Weight or quantity of each size or sort stating gross & net. | Original rate of valuation (for advalorem items.) | No. of Package examined | Weight or quantity Nos. of packages weighed. | weight (gross). | Time of Arrival of the vehicle. | Remarks if any |
|---|--------------------------------|-------------|--------------------------|--|---|-------------------------|--|-----------------|---------------------------------|----------------|
| | No. | Description | | | | | | | | |
| | | | | Kgs. | Rs. | | | | | |

I/We do hereby declare that the contents of this application are truly stated and that—

- (i) the abovementioned articles were imported by me/us.
- (ii) the said articles have not been sold to any person within Greater Bombay limits since their import and have been in my/our possession since then.
- (iii) the said articles were imported within the preceding six months per _____

Mumbai _____ 200

Certified that the above articles were duly examined by me as shown in columns 7 to 11 and that they passed

Mulund/Dahisar, Municipal Office on _____

Exporter

Signature _____

Designation _____

Date _____

Address _____