

FORM VAT - 18
[See Rule 25]

Application for Stay of Recovery of Demand

To,

Registration No. (TIN):

1. Name of Dealer/Person

2. Address
Bldg No./Name/Area
Town/City
District(State)

Pin Code
Telephone Number(s)

Email Id
Fax No.

3. Date of order being appealed against
(Please enclose Attested copy of the order) (DD/MM/YYYY)

4. Date of service of the order (DD/MM/YYYY)

5. Section, under which order passed

6. Disputed total amount Rs.

Tax:
Penalty:

Interest:
Others:

7. Date of filing of appeal (DD/MM/YYYY)

8. Whether Amount as required U/S 82(3) is
Deposited
If Yes, then give details

Yes

No

9. Amount for which stay is requested Rs.

10. Reasons for stay of recovery of the disputed amount

- 1.
- 2.
- 3.

Place:

Date:

Signature

Name:
Status:

Verification

I verify that the information given in this form and its enclosures (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed

Place:

Date:

Signature

Name:
Status: