

FORM A-4
[Refer condition at S. No. 3 (III)(c)]

Application for claiming refund of service tax paid on specified services used for authorised operations in SEZ under notification No.12/2013- Service Tax dated 1st July, 2013

To
The Assistant/Deputy Commissioner of Central Excise/Service Tax
_____ Division, _____ Commissionerate

Sir,

I /We having details as below,-

- (i) Name of the SEZ Unit/Developer:
- (ii) Address of the SEZ Unit/Developer with telephone and email:
- (iii) Address of the registered/Head Office with telephone and email:
- (iv) Permanent Account Number (PAN) of the SEZ Unit/Developer:
- (v) Import and Export Code Number:
- (vi) Jurisdictional Central Excise/Service Tax Division:
- (vii) Service Tax Registration Number/Service Tax Code / Central Excise registration number:
- (viii) Information regarding Bank Account (Bank, address of branch, account number) in which refund amount should be credited/to be deposited:
- (ix) Details regarding service tax refund claimed:

claim refund of Rs..... (Rupees in words) as per the details furnished in the Table I and Table II below for the period from _____ to _____.

(A) Refund of service tax in respect of service tax paid on specified services exclusively used for the authorised operations in SEZ, as approved by the Approval Committee of the _____ SEZ [Rupees _____] as per the details below

Table-I

S. No.	Description of taxable service	Name and address of service provider	STC No. of service provider (Indicate " self" if reverse charge applies to the specified service)	Invoice* No.	Date	Value of service	Service tax +cesses paid
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Total amount claimed as refund						

***Certified copies of documents are enclosed.**

(B) Refund on respect of service tax paid on specified services other than the services used exclusively for authorised operation (used partially for the authorised operations of SEZ Unit/Developer), as approved by the Approval Committee of the _____ SEZ [Rupees _____].

Table-II

S. No.	Description of taxable service	Name and address of service provider	STC No. of service provider	Invoice* No.	Date	Value of service	Service tax + cess Amt	Amount distributed to the SEZ Unit/Developer out of the amount mentioned at column No. (8)	Document* under which amount mentioned at column (9) was distributed to the SEZ Unit/Developer	
								(Claimed as refund)	No.	Date
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Total Amount									

*Certified copies of documents are enclosed

2. (i) The turnover of the authorised operation of the SEZ Unit/Developer in the previous financial year:_____;

(ii) Turnover of the DTA operations in the previous financial year:_____

3. I/We Declare that-

(i) information given in this application for refund is true, correct and complete in every respect and that I am authorised to sign this application for refund of service tax;

(ii) the specified services, as approved by the Approval Committee of SEZ, on which exemption/refund is claimed are actually used for the authorised operations in SEZ;

(iii) we have paid the service tax amount along with the cesses, being claimed as refund vide this application, to the service provider;

(iv) refund of service tax has not been claimed or received earlier, on the basis of above documents/information;

(v) we have not taken any CENVAT credit under the CENVAT Credit Rules, 2004 of the amount being claimed as refund;

(vi) proper account of receipt and use of the specified services on which exemption/refund is claimed, for the authorised operations in the SEZ, is maintained and the same shall be produced to the officer sanctioning refund, on demand.

Signature and name (of proprietor/managing partner/ person authorised by managing director of the SEZ Unit/Developer) with complete address, telephone and e-mail.

Date:

Place: