## **APPENDIX 23**

## (Please refer to para 4.26 and 4.30 of the Handbook, Vol. 1)

REGISTER FOR ACCOUNTING THE CONSUMPTION AND STOCKS OF DUTY FREE IMPORTED OR DOMESTICALLY PROCURRED RAW MATERIALS, COMPONENTS ETC. ALLOWED UNDER ADVANCE AUTHORISATION / DFIA\*

INPUTS ALLOWED IN THE AUTHORISATION (S) (A NO. OF AUTHORISATIONS*** CAN BE CLUBBED TOGETHER FOR THE PURPOSE OF ACCOUNTING OF INPUTS)				PRODUCT (S) EXPORTED UNDER THE AUTHORISATION (S)				EXCESS INPUTS, IF ANY ALLOWED UNDER THE AUTHORIS ATION(S).	IN CASE OF EXCESS AS IN COLUMN 9			REMARKS
SI No.	Authorisation No(s) with date (A No. of authorisations can be clubbed together for accounting purpose)	Inputs	Quantity	Product	Quantity	exported	ctually ed for the d product  Quantity (Including actual wastage incurred)	(4 - 8)	Addition al exports effected in proportio n to excess inputs	Input quantity reduced proportiona- tely in the authorisation	Customs duty paid alongwith interest	
1	2	3	4	5	6	7	8	9	10	11	12	13

We declare that the aforesaid particulars are correct.

Seal/stamp

Place: Date:		
	Signature of the	
	authorisation holder:	
	Name in block letters:	
	Designation:	
	Full official address:	
	Full Residential:	
	address	
Official		

<sup>\*</sup> In case of Post export replenishment, details of inputs used (whether duty paid or not) in the exported product has to be furnished.

<sup>\*\*</sup>Applicable only in case either partial import or "NIL" import has been effected.

<sup>\*\*\*</sup> In case of transferable DFIA, information in the above format has to be furnished individual DFIA wise.

## **Appendix 23 Continued**

# CHARTERED ACCOUNTANT / COST & WORKS ACCOUNTANT / CERTIFICATE

	by confirm th M/s.						having	e relevant IEC
number period(s)		and	PAN	number		for	the	licensing
in all respects; no withheld;		•	•					
I / We fully render me / us liab or otherwise warran								
I/We further declare that neither I, nor any of my / our partners is a partner, director, or an employee of the above-named entity, its Group companies or its associated concerns.								
	(Signature and Stamp/ Seal of the Signator (Chartered Accountant/ Cost & Works Accountant/							
Place:				1	Name of the	Signatory:		
		Address:						
Date:								
					Membership	No:		

## Note:

- 1. Each page of this document is to be signed by the Chartered Accountant / Cost and Work Accountant with his registration number.
- 2. Mention N.A. wherever the information required in the table is not applicable.
- 3. For columns 10, 11 & 12 of the table, please furnish the copy of the documentary evidence.
- 4. The authorisation holder is required to furnish the details for the authorisations which have been redeemed in the last licensing year.