

APPENDIX -4H

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

| INPUTS ALLOWED IN THE AUTHORISATION(S)*** (ANY 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 ALLOWE D UNDER THE AUTHO RISATIO N(S). (4 - 8) | IN CASE OF EXCESS AS IN COLUMN 9 | | | REMARKS |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------|----------|-------------------------------------------------|-----------|---------------------------------------------------|---|-----------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|---------|
| Sl. No | Authoriz ation No(s) with date (A No. of authoristi ons can be clubbed together for accounti ng purpose) | Inputs | Quantity | Product | Quantit y | Inputs Actually consumed for the exported product | | | Additional exports effected in proportion to excess inputs | Input quantity reduced proportionatel y in the authorization | Customs duty paid along with interest | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |

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

****Applicable only in case either partial import or "NIL" import has been effected.**

***** In case of transferable DFIA, information in the above format has to be furnished individual DFIA wise.**

We declare that the aforesaid particulars are correct.

Place:

Date:

Official Seal/stamp

Signature of the Authorization holder:

Name in block letters: _____

Designation: _____

Full official address: _____

Full Residential address: _____

CHARTERED ACCOUNTANT / COST ACCOUNTANT CERTIFICATE

I/We hereby confirm that I / We have examined the prescribed registers and also the relevant records of M/s.....having IEC number.....and PAN number.....for the licensing period(s).....and hereby certify that the information furnished above is true and correct in all respects; no part of it is false or misleading and no relevant information has been concealed or withheld;

I/We fully understand that any statement made in this certificate, if proved incorrect or false, will render me/us liable to face any penal action or other consequences as may be prescribed in law or otherwise warranted.

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 Signatory)
(Chartered Accountant/ Cost Accountant)

Name of the Signatory

Place:

Address:

Date:

Membership No:

Note:

1. Each page of this document is to be signed by the Chartered Accountant/Cost 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.