# ORIGINAL/ DUPLICATE/ TRIPLICATE

FORM 'T-1'

# PAYMENT RECEIPT

# [See rule 4 (4)]

PART-A

Name District		of	the		office			
Book No					Date			
Time								
1.	the				chanical vehic name and ad			
		_						
2.	(a)	Full	name	and	address	of	the	consignor
	(b)	 Full	name	and	address	of -	the	consignee
	(c)				and			the
3.		cription			of			goods
4.	Wei	 ght o	f the	goods	or No	o. of	cases/boxes	carried

5.	• •			from where		goods 		carried		by
	(ii)	Destinati	on			 				
	(iii	)Total				cove	red/bein	g	cove	red
6.	(i) Rs.						Гах		char	ged
	(ii)			lty/	Fine		Sale	Money	/Earr	est
									Rs.	
Signature of the person-in-charge authority or of the goods the check-					Inspec	ure of th tor-in-cha r barrier.		king of		

## PART-B

# [Receipt in case of detained goods auctioned under section 9 (2)]

1.	Name a goods.	nd address	of the owne	er of the	goods/p	erson-i	n-charge ca	rrying the
2.	Particul	ars d		0				goods
3.	Date,	time	and	place	! (		detentior	n of
4.	Date	of	ord				auction —–	of
5.	(i) auction	ed	ale				the	goods
	(ii)	Expenses	incurred	on —	auction	of	goods	detained
6.	Net p	roceeds af	ter deduct	ing the	expen	ses in	curred on	auction
7.	Total	1		ometres			cove	red/being

	Amount		of			tax
	charged					
8.	Balance amount, if any,	payable to	the owner o	r person-in-ch	arge o	f the
	goods					
cia	nature of the person-in-cha	rao/	Signat	ure of the taxir	a auth	oritu
Sig	or	ige/	Signati	ure or the taxii	ig auti	UTILY
Ow	ner of goods.		Inspec	tor-in-charge	of	the
		c	neck-post or			
			barrie	r.		