

The Cosmos Co-op. Bank Ltd.
COSMOS TOWER' UNIVERSITY ROAD, GANESHKHIND,PUNE 411007

FORM E MTR FORM NO 6

(To be filled in case of VAT payments)

(* Mandatory Fields to be filled by the customer without which payments cannot be done.

*1. TIN NUMBER (copy to be enclosed): - _____

*2. Full name of the assessee as mentioned on TIN allotment letter: _____

3. Complete address of the assessee with STATE & PIN code: _____

*STATE: _____ PIN CODE _____

* 4. Contact no :-(ph.) _____ (Mobile) _____

*5 Sales tax office Location _____

*6. Period from _____ to: - _____

* 7 Type of tax & Form no :- (required to be filled at the time of return)	VAT	Form 231	Form 232	Form 233	Form 234	Tds 405
If any order	Assement	Interest	Penalty	Installment	Others	

*8. DETAILS OF PAYMENTS: (Amount in Rupees Only.)		Rupees
1	Amount of tax	.00
2	TDS 405	.00
3	Interest Amount	.00
4	Penalty	.00
5	Composition money	.00
6	Fine	.00
7	Fees	.00
8	Advance Payment	.00
9	Amount forfeited	.00
10	Deposit	.00
11	Total Amount Rs	.00

E-Tax Payment Request - Please debit my/our A/c no. _____ With Br., _____
 For the amount as per cheque/s enclosed titled "Yourselves" for Rs. (total in words) _____
 towards _____

e-tax payment as above. Chq. No/s:- _____ Chq. Dt/s:- _____

Declaration - The e-tax information given by me/us is correct & true to the best of my/our knowledge. I declare that I/We am/are solely responsible for the tax-info given by me/us as above. I/We am/are aware about the fact that successful e-tax payment is not warranted if it is hampered by any technical reasons or website accessibility problems. Hence I/We will not hold 'The Cosmos Co-op. Bank Ltd.' or any of its employees responsible for any delay or such other discrepancy /ies in e-payment of taxes due to the aforementioned reasons.

**Name & Signature of the Account Holder
 /Authorized signatory with Stamp**

For Bank use only: 1) Recd.Cheque No/s:- _____ date:- _____ on (Dt.) --- _____ for
 Rs. _____ from _____
 2) E-payment charges debited to customer's A/c/included in cheque amt. Rs.- _____
 3) Account Holder's signature verified, A/c No. _____ is Dr. & amt is Cr.To A/c no.COS370086

DC No.: - _____
 DATE: - _____

Authorized Officer's sign with Branch Name/seal

**(Note: -ABOVE DETAILS ARE MANDATORILY REQUIRED FOR E-TAX PAYMENT.
 Please ensure that the Form is duly filled in all respects. Incomplete forms will not be processed by the on-line system.)**