

## FORM CAAR-2

[See regulation 10(1)]

### Appeal to the Appellate Authority for Advance Rulings

<b>1.</b>	<b>Advance Ruling/ Order Number with the Date &amp; the Authority</b>	
<b>2.</b>	<b>Date of Communication of the Ruling/ Order</b>	
<b>3.</b>	<b>Details of Appellant</b>	
	(i) Full name	
	(ii) Complete address	
	(iii) Telephone number (with STD/ISD code)	
	(iv) Fax number (with STD/ISD code)	
	(v) E-mail address	
	(vi) Postal address (to be provided if different from (ii) above)	
	(vii) Permanent Account Number (Income Tax) of the applicant (if any).	
<b>4.</b>	<b>Details of Authorized Representative (if any)</b>	
	(i) Full name	
	(ii) Complete address	
	(iii) Telephone number (with STD/ISD code)	
	(iv) Fax number (with STD/ISD code)	
	(v) E-mail address	
	(vi) Postal address (to be provided if different from (ii) above)	
<b>5.</b>	<b>Brief facts of the case</b>	
<b>6.</b>	<b>Grounds of Appeal</b>	
<b>7.</b>	<b>Jurisdictional Principal Commissioner/ Commissioner of Customs in respect of the Ruling/ Order</b>	
<b>8.</b>	<b>List of documents/statement attached (attach the list on a separate sheet, if necessary).</b>	
<b>9.</b>	<b>Particulars of the fee paid.</b>	

**Prayer**

In view of the foregoing, it is respectfully prayed that the Ld. Appellate Authority, New Delhi may be pleased to:

- a. set aside/modify the impugned advance ruling/order passed by the Authority for Advance Ruling as prayed above;
- b. grant a personal hearing; and
- c. pass any such further or other order (s) as may be deemed fit and proper in facts and circumstances of the case.

And for this act of kindness, the appellant, as is duty bound, shall ever pray.

**(Signature of Applicants/ Authorized Representative)**

**VERIFICATION**

I, \_\_\_\_\_ (name in full and in block letters), son/daughter/wife of \_\_\_\_\_ do hereby solemnly declare that to the best of my knowledge and belief information and statements furnished in above format and in the annexure(s) thereto including the documents enclosed are correct. I am making this application in my capacity as \_\_\_\_\_ (designation). I am competent to make and verify this appeal.

Place:

Date:

**(Signature of Applicant/ Authorized Representative)**