APPENDIX 30

ADVANCE RELEASE ORDER (ARO) / INVALIDATION LETTER FORMAT

GOVERNMENT OF INDIA MINISTRY OF COMMERCE & INDUSTRY DEPARTMENT OF COMMERCE

Offic	of the					
File	o Date					
Adva	nce Release Order / Invalidation letter** No Date					
1.	Name and address of the applicant					
2.	Authorisation no.					
	Date					
3.	Name and address of the Indigenous Producer / STE*					
4.	tems to be supplied by Indigenous producer / STE*					

S.No.	Items to be	Qty (in figures and words)	Value (in figures and
	procured		words)
1.			
2.			
3.			
4.			

5. Regional Authority of the Indigenous Producer / STE*

Note:

- a) This Advance Release Order / Invalidation letter** shall be produced in original to above-mentioned indigenous producer / STE* for supply of goods as per above details.
- b) This Release Order / Invalidation letter will be valid upto -----.
- c) The material received by the holder of this Release Order/ Invalidation letter** shall be subject to the same conditions as applicable to the authorisations issued under Advance authorisation / DFIA against which this Advance Release Order / Invalidation letter** has been issued.
- d) Both quantity and value shall be limiting factor.

Yours faithfully,

Asstt. Director General of Foreign Trade/ Foreign Trade Development Officer Security Seal

Endt.N	0		Dated							
	(i)	Jt./ Dy. Director General of Foreign Trade (Name and address of the Regional Authority of indigenous producer / STE*).								
	(ii)	M/s (Name and address of the indigenous producer / STE*) for necessary action.								
Details	Asstt. Director General of Foreign Trade/ Foreign Trade Development Officer Details of materials supplied under above Advance Release Order / Invalidation letter**									
Sn. No.	Desc	cription of	Quantity supplied		Value of goods					
	good	12	In figures	In words	In figures	In words				
1. 2.	-									
3.	+									
We confirm having supplied the goods as per details above.										
Signature (Name and address of indigenous producer/ STE*) We confirm having received the goods as per details above.										
Signature (Name and address of the Advance Release Order / Invalidation letter** holder										

- Note:
 * Strike out whichever is not applicable.
- **Strike out whichever is not applicable.