	_	M ENT ule 30		
Refund Voucher				
WARD NO.				
REGN . CERTIFICATE NO.				
1. Name and Style of Payee				
2. Address of the Main Office /Place of entertainment				
3.Details of Amount to be refunded	Date of Order	SI. No. in Collection Register		Amount
Date of Issue of RO			Signature of AA	
			Seal	
FORM ENT XV				
(See Rule 30 (1)) Counterfoil				
Refund Order				
WARD NO. REGN . CERTIFICATE NO.				
1. Name and Style of				
Payee				
2. Address of the Main Office /Place of entertainment				
3.Details of Amount to be refunded	Date of Order	SI. no. in Collection Register		Amount
Date of Issue of RO				
Date of Issue of RO			Signature of AA	