

Format for Claiming Refund of erroneous/inadvertent payments credited into FSSAI Account in respect of License/Registration fee (Refer FSSAI order 15(6)2020/FLRS/RCD/FSSAI dated 18th August, 2020)

Sl. No.	Details sought	
1.	Name of the FBO on the application for License or Registration made at FLRS (https://foodlicensing.fssai.gov.in) or FoSCoS (https://foscoss.fssai.gov.in)	
2.	Contact Details Mobile no: e-mail id:	
3.	Reason for seeking refund	
4.	17-digits Application Reference No.	
5.	Payment Gateway through payment was made	
6.	Transaction Reference No. of Payment made	
7.	Payment gateway Transaction ID (if available) or attach any other available proof of payment to ascertain	
8.	Amount Paid	
9.	Date of payment done	
10.	Name of Payer Bank	
11.	Date and Signature of the person claiming the refund	Declaration: I hereby declare that the facts stated above are true and I have not claimed the refund in respect of above mentioned License / Registration application and payment details. Date: Signature:
FOR OFFICE USE ONLY		
Remarks (Regulatory Compliance Division)		
Remarks (IT Division)		
Remarks (Accounts Division)		
Final Remarks (if any)		