FORM A

[See rule 4(9)] **APPLICATION FOR REGISTRATION AS DEALER**

РНОТО

То										
The Registering Authority				Circle			_			
1.NAME OF THE BUSINESS * 2. Address : *										
				Door	Door Street / Road Village / Town No. City *			PIN *		
a. Principal place of business * b. Branch			110.			City				
c. Factory	c. Factory									
d. Godown										
3.Address of the Head Office outside the State										
4Constitution * Proprietor				5. Business Transaction Customs Registration BIN						
(√ tick)	Partnership					Industry Regn				
	Private Limited Company					Central Excise				
Public Limited Company		olic Limited Company			Registrar of Company's CIN					
HUF		F				Property Tax A				
Со-о		-operative Society				Income Tax P				
Government Undertaking [Director Gene: Import / Expor					
	Oth	ners				Bank and Acc				
6. Date of commo	6. Date of commencement of business: * / /									

7.Details of the Proprietor / Partners / Directors, etc.:*

	Name	Age	Name of Father / Husband	Status	Present Address	Permanent address	Extent of share or interest in business
1							
2							
3							
4							
5							
6							
7							

Bank where account is available with Bank Code		Bank Account No.			Passport No.	Ration Card No.	Voter ID Signat No.	
8. Telephone No.					9. Fax No	o		
10. E-Mail ID					11. Web si	te:		
12. Nature of Business	Manut	facture]		Works Co	ntract	
Busiliess	Whole			1		Leasing		
(√ tick)	Retail					Hotels		
	Expor			-		Food & D	rink	
	Hire P	rurchase				Others		
40 T	1 . 0.1				-			
13. Turnover on the	date of th	is application			Rs.			
14. Main commoditi	ies dealt /	to be dealt *			1.			
					2.			
		. 1						
15. Sources of purch	nase : *	(√ tick)		With	in the State	Inter-State	Import fro	om
							outside th	e country

	Loca		Location	Survey	No. I	Extent of land / area	Registrat Doc. No. Year	. & jurisdiction			
((i) Business										
((ii) Proprietor Director	Partner /									
17. *	*Reference of Ch area	amber of Co	ommerce (Trac	de Association	(or) two	respectable per	sons /busine	ess in the applicant's			
	Name of the Chamber business	Address	perso	e of the on mmending	St	atus	TIN	Signature with seal			
2	2										
Tì	e details required NGST Act,1959.			furnished by t	he dealer	s whose registra	ation is in fo	orce under the			
18. Pa	Amount		sed cheque /	Date		Name of th	ne Bank	Branch code			
		Banker's	cheque No.								
				DECLARA	ATION						
I / W applic	e *ation above are to	rue, correct	and complete t	to the best of n				culars furnished in the			
Place	·* ·				Signatu	re of the applica	ant*				
Date	ate :* Name :* Status & Relationship to the firm:*										
(* ma	rked are compuls	ory)	Seal								

16. Details of immovable property, if any, for: