## GOVERNMENT OF ANDHRA PRADESH COMMERCIAL TAXES DEPARTMENT

FORM VAT 111

## SUO MOTO VAT REGISTRATION (See Rule 11(1)

					Date	Month	Year
01.Tax Office Address	:						
02 Name							
02.Name : Address:							
You were advised on neither replied to that lett egistered with effect from	er nor applied	for registra	ition subs	sequently I ar	n to notify	you that y	ou have been
Your Certificate of Regis	tration is enclo	osed.					
You should use this TII correspondence with the	•			, on all docu	ıments rel	ated to VA	AT and in all
You have right to appeal	against this or	rder within	30 days	of date of rec	ceipt of thi	s order.	
							OFFICER, THORITY, CIRCLE.