

## Form VAT - 9

(See rule 28)

### APPLICATION FOR PERMISSION BY CASUAL TRADER

To

The Designated Officer,

City / Place:	
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<b>1. Particulars of Business</b>	
1.1	Full name of Applicant and Fathers Name
1.2	Trade name, (if different from the above)
1.3	Head Office
	Pin
	State:
	Tel
	Fax
	E-mail address:
1.3.1	Place of business, if any, in Punjab.
1.3.2	Place of business from which goods are proposed to be brought.
1.4	VRN/TRN, if any
1.5	PAN No., if any
1.6	VAT Regn. No., if any, in other state.
1.7	Proof of identify, (if columns 1.4 to 1.6 are not applicable)
<b>2. Particulars of the business event for which application is made in this form.</b>	
(a)	Nature of Business event

(b)	Date of commencement			/			/	2	0			(dd.mm.yy)	
(c)	Date of conclusion			/			/	2	0			(dd.mm.yy)	
(d)	Location (address)												
(e)	Description of goods proposed to be sold (Attach list of goods, if necessary)												
(f)	Value of goods proposed to be brought for sale at the place of event.												
(g)	Anticipated Gross Sales (Rs.)												
(h)	Anticipated Tax liability (Rs.)												
(i)	Sale Bill Books (for authentication)	No. of Books						Pre-printed Sr. Nos.					
(j)	Books of Accounts (for authentication)												
<b>3.</b>	<b>Local correspondence</b>												
(a)	Local contact address												
		Pin								Area:			
		Tel								Fax			
(b)	Local reference, if any												
(c)	Name and permanent address of event organizer.												
(d)	Attach Confirmation letter of event organizer along with proof of payment, if any												

(e)	Name and address of the owner of location	
(f)	Attach Confirmation letter of the owner of the location and proof of payment, if any.	
<b>4.</b>	<b>Payment details of Fee</b>	
TR No.	Date	Amount
<b>Declaration : I solemnly declare that to the best of my knowledge and belief, the information given on this form is true and correct.</b>		
Name	Designation	
Signature	Date (dd.mm.yy)	

**For Office use only.**

Date of receipt of application	
Permission Certificate No. and Date	
Security details	
Details of tax payment	
Date of assessment	
Additional tax demand, if any	
Receipt of additional tax demand	Instrument (Tick as applicable)    TR    Demand Draft    Bankers Chq.
	Instrument No.
	Amount
	Date of receipt
Refund, if any, allowed	
Refund details	
Date of issuance of Tax Clearance Certificate	Instrument No.    Date    Amount

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(Signature of designated officer)