[See rule 19(5)]

INFORMATION ABOUT BRANCH TURNOVER

All the entries should be filled in capital letters

																			Registration Number							
														TI	N [\Box		\square	\Box			
1.	Name of Dealer		$\overline{}$		$\overline{}$	Т	$\overline{}$			П				Г		Г		Т	T	Т	\top	$\overline{}$	Т		Γ	
•	ramo or Board.	\vdash	T	Н	\top	t	+			Н		Н		Н		Н	Н	t	t	t	T	t	t	Н	ŀ	
2.	Trade Name(s)	Ī	Ĺ			Ī	Ĺ											Ĺ	Ī	Ī	Ī	Ī	Ē			
3.	Principal place of bu	LLL Isines	L SS	ш						ш		Ш		_		_	_	_		_	_	_	_		L	
	Bldg. No/ Name/ Area	П	Т	П	Т	Т	Т			П				Г		Г	Г	Т	Т	Т	Т	Т	Т		Γ	
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	District (State)	一	T	Ħ	Ť	T	T		Ħ	П		П	Ħ	F	П	F	F	Ħ	Ħ	Ħ	Ħ	Ħ	Ħ	П	Ē	
	Pin Code	一	T	Ħ	╈	i	Em	nail	ld	П	\exists	П	П		П		Н	m	亡	亡	亡	亡	\Box	П	Ė	
	Telephone Number(s)		T	П	T	T	Π					F	-A>	(N	0.	_			T	Ħ	T	Ħ		П	Ī	
4.	Address of additional places of business in respect of which this intimation is given																									
	Bldg. No/ Name/ Area																		Π	Г		Г	Г			
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	District (State)	\Box	T	П	T	Ī	Ī			П		П						Ī	T	T	T	T	T		Ī	
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	Telephone Number(s)		Ĺ		İ							F	-A>	(N	0.				Ĺ		Ĺ	Ĺ				
6	Turnover of above re	eferre	d a	dditio	ona	l pl	ace	of	bu	sin	es	s is	as	s b	elo	w:										
													Amount													
	Gross Turnover of sales																									
	Total Deductions																									
	Net Taxable Turnover of sales																									
	Turnover liable to purchase tax																									
	Turnover liable to reverse tax																									
	Date :										Signature															
	Place : Full Name:																									
	Status																									
	Verification																									
	I verify that the about of my knowledge and	ve inf d beli	orm ief.	natio	n aı	nd	enc	los	ure	es (lf a	any	/) is	s tr	ue	an	d c	orı	rec	t to) th	e b	est	t		
	Date :										Signature															
	Place :								Na	me																
	Status																									