[See Rule 25]

## **Application for Stay of Recovery of Demand**

- a. Please read the instructions carefully before filling
- b. All the entries should be filled in capital letters

Tc								TIN	П	Reg	gistr	atio	n Nu	mbe	er	
1.	Name of Business	П	П	П	F	П		П	T	П	<u> </u>	Ţ	Τ	П	<u> </u>	
4.	Address Bldg No./ Name/ Area Town/City District (State) Pin Code Telephone Number(s) Date of order being (Please enclose At Date of service of Im	appealed againstested copy of the	T T	nail Id	I I I I I I I I I I I I I I I I I I I		(DL	AX No.								
6.	Section, under which	h order passed														
7.	Disputed amount	Rs.														
<ul> <li>8. Date on which appeal is filed  (DD / MM / YYYY)  9. Whether Amount as required U/S 82(3) is deposited  If yes, then give details  10. Amount for which stay is requested Rs.  11. Reasons for stay of recovery of the disputed amount  1.  2.  3.</li> </ul>																
Date : Place :		Name : Status					Signature									
be	I verify that the infornst of my knowledge a	-	nis forn		lits	enc			f an <u>y</u>	y) is	tru	e ai	nd c	orre	ect t	o the
	ate : ace :		Name Status				:	Siç	gna	ture						
	Instructions:  1. Enclose proof of page 2. Enclose proof of filling		ed dem	and (i	fany	/)										

- 2. Enclose proof of filing of appeal.3. This Form should be verified and signed by:
  - a. Proprietor, in case of Proprietorship concern
  - b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.
  - c. Managing Director or authorized signatory, in case of a Company
  - d. Karta, in case of Hindu Undivided Family
  - e. Authorised signatory, in all other cases
- 4. Enclose additional sheet(s) in case you are not able to provide all details in this space
- 5. Enclose all documents/ evidence that you want to be considered regarding your application