FORM 2 Information to be provided by a registered dealer under sub-section (1a) of section 24. [See sub-rule (5) of rule 5]

[Please see Instructions before filling up the Application]

01. Name of the dealer:															
02.Registration Number :															
03. Trade Name:															
04. If the business was enjoy the West Bengal Sales Ta								unde	er	Y	Yes		_ /]	No	
05. If yes, please specify:															
a) Name of Incentive Scheme:	*Tax under of tax	secti	on 40	0 or	sectio	on 42	or s	ection	n 43 /	/ Rer	nissio	on			
b) Eligibility Certificate	No. and	date	of et	ffect	there	eof:									
c) Date of the expiry of t	he certif	icate	:							D	M N	<u>1 Y</u>	Y Y	ζ Υ 	
06. If the dealer was also ex under section 15 o								ntrac		Yes]]	No		
07. If the dealer was also en under section 2(30						Гах л	Act 1	994:	Ţ	Yes]	No		
08. Address of the Principal	place of	busi	ness:												
Room/Flat No.															

Room/Flat No.										
Premises No. & Street										
City/Town										
District										
Pin Code										
Municipal / Local body										

- 09. Occupancy Status :
- 10. Status of the business :
- 11. If Partnership, number of partners :
- 12. Names of two contact persons:

First person											
Second person											

13. Status of the contact persons referred to in Serial No 12:

First person											
Second person											

14. Address of the two contact persons referred to in Serial No 12:

First Person:

Second Person:

15. Contact Numbers of the two contact persons referred to in Serial No 12:

First Person:

Telephone Number :										
Mobile Number :										
Fax Number :										
E-mail Address :										

Second Person:

Telephone Number :										
Mobile Number :										
Fax Number :										
E-mail Address :										

16. Address of all Branch Offices within West Bengal :

First Branch:

Second Branch:

17. Name of the State and Registration Numbers of the Branch Offices outside West Bengal (if any):

First Branch:
(a) Name of the State :
(b) Under The State Act :
(c) Under the Central Sales Tax Act, 1956 :
Second Branch:
(a) Name of the State :
(b) Under The State Act :
(c) Under the Central Sales Tax Act, 1956 :
18. Addresses and Telephone numbers of all Warehouses in West Bengal:
First Warehouse: (i) Address:
(ii) Telephone Number :
Second Warehouse: (i) Address:
(ii) Telephone Number :
19. Addresses and Telephone numbers of all Factories in West Bengal:
Factory 1:
(i) Address:
(ii) Telephone Number :
Factory 2 (i) Address:

(ii) Telephone Number :								
(a) 20. Nature of Business : (For code no. refer to instruction sheet ap	pended to	(b))	(c) [)	(d)]	
If one of the codes=01, please specify the	name							
of commodity/ commodities manufacture	ed :							
If one of the codes=12, please specify the	e name							
of commodity/ commodities imported :								

21. Number of Registration Certificate issued by Registrar of Companies, West Bengal:

22. Class or Classes of goods purchased or intended to be purchased for the purpose of:

- f) Resale of taxable goods in West Bengal:
- g) Resale of non-taxable goods in West Bengal:
- h) Use as raw materials in the manufacture of taxable goods in West Bengal:

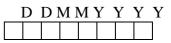
i) Use as raw materials in the manufacture of non-taxable goods in West Bengal:

j) Use in execution of works contract in West Bengal:

23. Details of Bank Account:

F	irst I	Bank:																								
N	lame	:																								
Branch:																										
А	ccou	nt No). :																					T		
A	ddres	ss:																								
																					_	 _		+		
Seco	Second Bank:																									
N	lame	:																								
B	rancł	1:																								
А	ccou	nt No	o. :																					Ι		
A	ddres	ss:																						Т		
																								1		
	24. Registration Number (if any) under the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979:																									
25.	PA	N/TA	N Nu	ımber	of t	he f	firn	n uno	der	the	In	cor	ne	Та	x A	ct,	196	51 (if a	iny):					
																							_			
26.	26. ECC Number under the Central Excise and Tariff Act, 1985 (if any):																									
27. Certificate of Enlistment issued by the Municipal / Local Body :b) Number of the Certificate :																										
t	b) Date of issue of the certificate :																									

c) Date of last renewal of the certificate :



I,.....do hereby declare that the above statements are true to the best of my knowledge and belief .

	Signature
Date	* (Proprietor/Partner/ Karta/ Managing Director/
Director/	
	Company Secretary/Trustee/ President/General
Secretary)	

Status

*Please use separate sheet wherever space is inadequate.

How to fill up Form-2

- 25. Please enter the name of the dealer in the order of first name, middle name and then surname in the appropriate box.
- 26. Please enter the registration number under this Act.
- 27. Please enter the name under which the business trades. If the business trades under own name, enter the same.
- 28. Please put tick in the appropriate box.
- 29. (a) Please strike out whichever is not applicable.
 - (b) Please enter the eligibility certificate no. and the date of its effect.
 - (c) Please give the date of expiry of the eligibility certificate.
- 30. Please put tick in the appropriate box.
- 07. Please put tick in the appropriate box.
- 08. Please enter the address of the principal place of business in the appropriate box beginning with Room/Flat Number followed by Premises Number and Street, City/Town, District, Postal Index Number and name of the Municipal / Local body under the jurisdiction of which the Principal place of business is located.
- 09. Please fill in the boxes with the appropriate code (given below) that identifies the occupancy status:

Owned - 01	Rented - 02	Leased - 03	Rent-free - 04	Others - 05

10. Please enter the two digit code that identifies the status of the business from the selection below:

Proprietary -01	Unregistered Partnership -02	Registered Partnership -03	Hindu Undivided Family - 04
Private Limited Company -05	Public Limited Company -06	Public Sector Undertaking -07	Government Company -08
Statutory Body -09	Co-operative Society- 10	Government – 11	Others -12

- 11. Write the number of partners.
- 12. Please write names of two contact persons starting with the first name, then middle name and surname.
- 13. Status of two contact persons in relation to the business is to be stated (eg. Partner, Director, Manager etc.)
- 14. Please enter the address of two contact persons in the appropriate boxes in the format prescribed in serial no. 4.
- 15. Please mention the telephone number, mobile number, fax number, e-mail number of the contact persons in the appropriate boxes.
- 16. Please enter the address of two branch offices in the appropriate boxes. If there are more than two branches, please use a separate sheet.
- 17. Please enter the name of the state and the registration number of the branch offices under the respective State Act and Central Sales Tax Act, 1956. If there are more than two branches, please use a separate sheet.
- 18. Please enter the address and the telephone numbers of the warehouses in the appropriate box. If there are more than two warehouses, please use a separate sheet.
- 19. Please enter the address and the telephone numbers of the factories in the appropriate box. If there are more than two factories, please use a separate sheet.
- 20. Please enter the two-digit code in box (a) from the following list, which describes your business. If more than one code is applicable use other boxes too.

Manufacturer -01	Distributor -02	Agency -03	Wholesaler -04		
Retailer -05	Auctioneer -06	Works contractor -07	Transferor of right to		
			use goods -08		
Hire Purchaser -09	Hotelier -10	Club -11	Importer -12		
Exporter -13	Others -14				

- 21. Please write the number in the appropriate box.
- 22. (a) In case you are a reseller of taxable goods, please enter the names of the major taxable commodities in which you deal.

(b) In case you are a reseller of non-taxable goods, please enter the names of the major non-taxable commodities in which you deal.

(c) In case you are a manufacturer of taxable goods, please enter the names of the raw materials required for manufacturing of such goods.

(d) In case you are a manufacturer of non-taxable goods, please enter the names of the raw materials required for manufacturing of such goods.

(e) In case you are a works contractor, please enter the names of the commodities used in the execution of works contract.

- 23. Please enter the name, branch, account number and address of the banks where the accounts are maintained. If you have more than two branches please use a separate sheet.
- 24. Please enter the number in the appropriate box.
- 25. Please enter the number in the appropriate box.
- 26. Please enter the number in the appropriate box.
- 27. Please write the Certificate of Enlistment number, date of issue of such certificate and last renewal of the certificate. For example, if the date of issue is 1st June, 2004, please write 01 against DD, 06 against MM and 2004 against YYYY.