

**GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT**

FORM TOT 018

NOTIFICATION OF COMPULSORY CANCELLATION OF TOT REGISTRATION

Date Month Year

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01. Tax Office Address: _____ _____ _____
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02	GRN				
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03. Name : _____ Address: _____ _____ _____
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You have been advised in Form TOT 013 dated _____ proposing to cancel your TOT registration for the reasons stated therein:

- 1) * You have not responded within the time given to you.
- 2) * On consideration of reply filed by you in response to Form TOT 013

I hereby confirm the cancellation of your TOT registration for the reasons given below:

_____ _____ _____ _____

**ASST. COMMERCIAL TAX OFFICER,
TOT REGISTERING AUTHORITY,
_____ CIRCLE.**

* Strike off which is not applicable.