

MEGHALAYA VALUE ADDED TAX, 2005.

FORM – 14

(See Rule - 29)

**Application For Registration Of Transporter/
Carrier/Transporting Agent**

Affix
passport size
Photograph

Write clearly in black ink and use CAPITAL LETTERS

01. Name and style with full postal address of the transporter, carrier or transporting agent with Telephone number, if any

02. Name, designation and address of the principal officer or manager in charge of the affairs of the business.

03. Location of the principal office/place of business: -

(i) Name of the building, if any:

(ii) Name of the owner of the building:

(iii) Municipal Holding No.:

(iv) Ward No.:

(v) Name of the road/street:

(vi) Name of the town:

(vii) Post office:

(viii) Police station:

(ix) District:

04. Location of branches/other places of business
(a separate sheet may be enclosed, if necessary):

Particulars	Branch I	Branch II	Branch III
(i) Name of the building, if any			
(ii) Name of owner of the building			
(iii) Municipal Holding No.			
(iv) Ward No.			
(v) Name of the road/street			
(vi) Name of the town			
(vii) Post Office			
(viii) Police Station			
(ix) District			

05. Location of godowns/warehouses
(attach separate sheet, if necessary)
(a) For principal office

Name of the principal office	Location of Godowns		
	Godown I	Godown II	Godown III

- (b) For branch(es)

Name of the principal office	Location of Godowns		
	Godown I	Godown II	Godown III

06. Date of commence of business.

07. Whether it is a proprietorship business/
partnership/business/company/co-operative
society/club/association of persons/H.U.F/
Govt. Department public Sector Undertaking
etc. (give full details with registration
Number etc.)

08. Name(s) and address(es) of the Proprietor/
Partners/Directors/Members/Karta/Head of Office
etc.

Sl. No	Name	Father's Name	Designation	Age	Permanent Address	Present Address	Signature
1.							
2.							
3.							
4.							
5.							

09. Permanent Account Number Or GIR Number
under the Indian Income Tax Act, if any, with
name of the office, circle/ward etc., where
Income Tax assessment is made.

10. Details of bankers, with following Particulars: -

Sl. No	Name and address of the Bank branch	In whose name the account stands	Whether saving or current account	Account Number

11. Full Address of the head office, if situated
Meghalaya: -

12. The language in which books of accounts
are maintained: -

13. The accounting year followed by the applicant: -

14. Full address of the place where the books
of accounts are kept: -

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

Place _____

Date _____

Signature _____

Name in full _____

Status _____

Tax Office			
Date of Registration	D	M	Y
Registration Refund (for recorded on file) Received by: -			