

**DETAILS OF ADDITIONAL PLACES OF BUSINESS/ BRANCHES / GODOWNS / WAREHOUSES IN ORISSA.**

[ See clause (a) of sub-rule (9) of rule 15 ]

01. Name and style of the business : 02. Address : 03. Name of the applicant :
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04. Additional place of business / Branch / Godown or Warehouse (Score out whichever is not applicable) ADDRESS _____ _____ _____ Pin Code _____ Telephone _____ Fax _____ Signature _____ Date _____
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05. Additional place of business / Branch / Godown or Warehouse (Score out whichever is not applicable) ADDRESS _____ _____ _____ Pin Code _____ Telephone _____ Fax _____ Signature _____ Date _____
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06. Additional place of business / Branch / Godown or Warehouse (Score out whichever is not applicable) ADDRESS _____ _____ _____ Pin Code _____ Telephone _____ Fax _____ Signature _____ Date _____
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**VERIFICATION**

I \_\_\_\_\_ son / daughter / wife of \_\_\_\_\_  
 \_\_\_\_\_ status \_\_\_\_\_ of the aforesaid business do hereby  
 solemnly affirm that the particulars given in this form are true and correct to the best  
 of my knowledge and belief.

Signature

Seal

Date : \_\_\_\_\_