

16. Address of all Branch Offices within West Bengal :

First Branch:

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

Second Branch:

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

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

First Branch:

(a) Name of the State :

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(b) Under The State Act :

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(c) Under the Central Sales Tax Act, 1956 :

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Second Branch:

(a) Name of the State :

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(b) Under The State Act :

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(c) Under the Central Sales Tax Act, 1956 :

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18. Addresses and Telephone numbers of all Warehouses in West Bengal:

First Warehouse:

(i) Address:

27. Certificate of Enlistment issued by the Municipal / Local Body :

a) Number of the Certificate :

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b) Date of issue of the certificate :

D D M M Y Y Y Y

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c) Date of last renewal of the certificate :

D D M M Y Y Y Y

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28. Total amount of purchases, sales and contractual transfer price (C.T.P) of goods in:

(a) Last year:

Purchases	Rs.	Sales	Rs.	C.T.P.	Rs.
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(b) Last Quarter:

Purchases	Rs.	Sales	Rs.	C.T.P.	Rs.
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29. Date of commencement of purchase, sale and works contract:

a) Date of commencement of purchase :

D D M M Y Y Y Y

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b) Date of commencement of sale :

D D M M Y Y Y Y

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c) Date of commencement of works contract:

D D M M Y Y Y Y

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

Signature.....

Date.....
Director/

*(Proprietor/Partner/ Karta/ Managing Director/

Secretary)

Company Secretary/Trustee/ President/General

Status

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*Please use separate sheet wherever space is inadequate.

Information for filling up the application for registration form.

01. Please tick whichever is applicable.
02. Please tick whichever is applicable.
03. Please write your registration number in the appropriate box.
04. Please enter the name of the applicant in the order of first name, middle name and then surname in the appropriate box.
05. Strike off whichever is not applicable.
06. Please enter the name of father or husband of the applicant in the order as prescribed in serial no 04.
07. Please enter the name under which the business trades. If the business trades under own name, enter the same.
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. 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
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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. 8.
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.

Seal:

Signature of the Applicant in Form 1

Status of the Applicant

* Strike off whichever is not applicable.

** Extent of interest in the business – Share in the profit of the business.

*** If there is more than one Bank Account use a separate sheet.

Note: Witness can be any Government Officer who is empowered to attest any document or any Advocate or any person as defined in sub-clause (iv) of clause (a) of sub-rule(1) of rule 3.

ANNEXURE - B

[See sub-rule(4) of rule 5]

Annexure to Application in Form 1 for Registration to be filled in by the *Managing Director/ Director/ Secretary of a Private Limited Company or a Public Limited Company or Trustee of a trust.

[Please use separate sheet for each Person.]

Affix a duly
attested passport
size photograph

01. Name of the *Managing Director/ Director/ Secretary/ Trustee :

Seal:

Signature of the Applicant in Form 1

Status of the Applicant

Note: Witness can be any Government Officer who is empowered to attest any document or any Advocate or any person as defined in sub-clause (iv) of clause (a) of sub-rule (1) of rule 3.

*Strike off whichever is not applicable.