

Form TR-02

(See Rule 24 of the Arunachal Pradesh GoodsTax Rules, 2005)

Application for Amendment in Approval Certificate of Transporter under Arunachal Pradesh Goods Tax Act, 2005

Checklist of Supporting Documents

Please tick as applicable

Mandatory Supporting Documents

- Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same)
- Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of Approval Certificate under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory
- Two self addressed envelopes (Without stamps)
- Additional Security, if applicable
- Please attach Annexure I of TR-01 providing details of new person(s) having interest in the business

Optional Supporting Documents (For reduction in Security Amount)

- Proof of ownership of principal place of business
- Proof of ownership of residential property by proprietor/ managing partner
- Copy of passport of proprietor/ managing partner
- Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department
- Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the Approval Certificate of Transporter form)
- Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the Approval Certificate of Transporter form)

Reasons for Rejection (For Office Use Only)

Please tick as applicable

- Not attached Mandatory Support Document(s) _____
- Other _____

Instructions for filling Form TR-02

1. Please do fill in your Approval Certificate number
2. Please note that the following supportings, if applicable, has to be submitted along with the amendment application
 - (i) Proof of change in the name of the business.
 - (ii) Proof of change in the principal.
 - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
 - (iv) Proof of change in constitution of the business.
3. Please note that this form has to be verified and signed by the following:
 - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
 - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
 - (iii) in the case of a company or local authority, by the principal officer thereof;
 - (iv) in the case of a firm, by any partner thereof, not being a minor;
 - (v) in the case of any other association, by any member of the association or persons;
 - (vi) in the case of a trust, by the trustee or any trustee; and
 - (vii) in the case of an other person, by some person competent to act on his behalf.

Please fill in your Approval Certificate Number and tick the headings under which you wish to change the details of your Approval Certificate of Transporter.

1. Approval Certificate Number	
2. Full Name of Applicant Transporter	
3. Business Name	
4. Are you registered under AP Goods Tax Act? If Yes, Mention Registration No	<input type="checkbox"/> Yes <input type="checkbox"/> No Reg. No. _____
5. Constitution of Business <i>Tick one</i>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Private Ltd. Company <input type="checkbox"/> Public Sector Undertaking <input type="checkbox"/> Partnership <input type="checkbox"/> Government Company <input type="checkbox"/> Government Corporation <input type="checkbox"/> HUF <input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Govt Deptt/ Society/ Club/ Trust <input type="checkbox"/> Leasing <input type="checkbox"/> Others, please specify _____
6. Date from which Approval under Arunachal Pradesh Goods Tax Act, 2005 granted	____ / ____ / ____ DD / MM / YYYY
7. Permanent Account Number of the applicant Transporter (PAN)	

Form TR-02 Application for Amendment in Approval Certificate of Transporter.

8. Principal Bank Account		Account No _____	
		Name of the Bank _____	
		MICR No _____	
		Address of Bank _____	
9. Principal Place of Business	Building Name/ Market Name _____		
	Town/ Village _____		
	District _____		
	Pin Code _____		
	Email Id _____		
	Telephone Number(s) _____		
	Fax Number(s) _____		
10. Address for service of notice <i>If different from principal place of business</i>	Building Name/ Market Name _____		
	Town/ Village _____		
	District _____		
	Pin Code _____		
	Email Id _____		
	Telephone Number(s) _____		
	Fax Number(s) _____		
11. Details of STA Permit	Permit No _____		
	Issue Date _____		
	Expiry Date _____		
12. Details of Modified Security	Amount of Security already Furnished	Additional Security furnished at the time of Amendment	
		Mode : _____	
		Date of Expiry: _____	
		Amount: _____	
13. Exit of person having interest in the business	Full Name of person	Date of Birth	Date of Exit
		____ / ____ / ____ - ____ <i>DD / MM / YYYY</i>	
14. Entry of new person having interest in the business	Full Name of person	Date of Birth	Date of Entry
		____ / ____ / ____ - ____ <i>DD / MM / YYYY</i>	
15. Change of Authorised person	Full Name of new person authorized	Date of Birth	Date of Change
		____ / ____ / ____ - ____ <i>DD / MM / YYYY</i>	
16. Change of Manager of Business	Full Name of new Manager	Date of Birth	Date of Change
		____ / ____ / ____ - ____ <i>DD / MM / YYYY</i>	

Summary of Proposed Changes:

Serial No.	Present position	Proposed Change	Reason and proof of change, if any

Verification

I/We _____ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory

Name

Designation

Place

Date