

Form VAT-VIII

[See rule 27(1) of the Himachal Pradesh Value Added Tax Rules, 2005]

APPLICATION FOR PERMISSION BY CASUAL TRADER

To

The Assessing Authority,
Circle

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| 1. | Particulars of Business | |
| 1.1 | Full Name of applicant and Father's Name | |
| 1.2 | Trade name, (if different from the above) | |
| 1.3 | Principal place of business | |
| | | |
| | | |
| | | |
| | | Pin |
| | | State: |
| | | Tel |
| | | Fax |
| | | E-mail address: |
| 1.3.1 | Place of business, if any, in Himachal Pradesh. | |
| 1.3.2 | Place of business from which goods are proposed to be brought to H.P. | |
| 1.4 | TIN, if any | |
| 1.5 | PAN No., if any | |
| 1.6 | VAT Regn. No., if any, in other State than that mentioned in 1.3 | |
| 1.7 | Proof of identify, if above numbers (columns 1.4 to 1.6 do not exit) | |
| 2. | Particulars of the business event for which application is made in this form | |
| (a) | Nature of business event | |

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|--------------------------------|-----------------------------------------------------------------------------------|--------------|--|---|--|--|---|---|---------------------|--|--|--------------|--|
| (b) | Date of commencement | | | / | | | / | 2 | 0 | | | (dd. mm. yy) | |
| (c) | Date of conclusion | | | / | | | / | 2 | 0 | | | (dd. mm. yy) | |
| (d) | Location (address) | | | | | | | | | | | | |
| (e) | Description of goods proposed to be sold (Attach list of goods, if necessary) | | | | | | | | | | | | |
| (f) | Value of goods proposed to be brought for sale at the place of event | | | | | | | | | | | | |
| (g) | Anticipated Gross Sales (Rs.) | | | | | | | | | | | | |
| (h) | Anticipated Tax liability (Rs.) | | | | | | | | | | | | |
| (i) | Sale Bill Books (for authentication) | No. of Books | | | | | | | Pre-printed Sr. Nos | | | | |
| (j) | Books of Accounts (for authentication) | | | | | | | | | | | | |
| 3. Local correspondence | | | | | | | | | | | | | |
| (a) | Local contract address | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Pin | | | | | | | Area: | | | | |
| | | Tel | | | | | | | Fax | | | | |
| (b) | Local reference, if any | | | | | | | | | | | | |
| (c) | Name and permanent address of event organizer. | | | | | | | | | | | | |
| (d) | Attach Confirmation letter of event organizer alongwith proof of payment, if any. | | | | | | | | | | | | |

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| (e) | Name and address of the owner of location | |
| (f) | Attach Confirmation letter of the owner of the location or proof of payment, if any. | |
| 4. | Details of payment of Fee | |
| TR No. | Date | Amount |
| 5. | Details of security | |
| Declaration: I solemnly declare that to the best of my knowledge and belief, the information given on this form is true and correct | | |
| Name | Designation | |
| Signature | Date (dd mm yy) | |

For office use only

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|-----------------------------------------------|------------------------------------------------------------------------|
| Date of receipt of application | |
| Permission Certificate No. and Date | |
| Security details | |
| Details of tax payment | |
| Date of assessment | |
| Additional tax demand, if any | |
| Receipt of additional tax demand | Instrument as TR Demand Banker's Chq. (Tick applicable)t Draft Chq. |
| | Instrument No. |
| | Amount |
| | Date of receipt |
| Refund, if any, allowed | |
| Refund details | |
| Date of issuance of Tax Clearance Certificate | Instrument No. Date Amount |