

ADDRESS OF BRANCH OFFICES / GODOWNS LOCATED OUTSIDE ORISSA.

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

01. Name and style of the business :
02. Address :
03. Name of the applicant :

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Status of business (Mark v where applicable)</td> <td style="width: 17%; padding: 5px;">Branch office</td> <td style="width: 50%; padding: 5px;">Godown (operated by C & F Agent/consignment Agent)</td> </tr> </table>	Status of business (Mark v where applicable)	Branch office	Godown (operated by C & F Agent/consignment Agent)
Status of business (Mark v where applicable)	Branch office	Godown (operated by C & F Agent/consignment Agent)	
04. State _____			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">ADDRESS _____ _____</td> </tr> <tr> <td style="padding: 5px;">Pin Code _____ Telephone _____ Fax _____</td> </tr> </table>	ADDRESS _____ _____	Pin Code _____ Telephone _____ Fax _____	
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Pin Code _____ Telephone _____ Fax _____			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">R.C. No. under the State Act. _____</td> </tr> <tr> <td style="padding: 5px;">R.C. No. under the C.S.T Act. _____</td> </tr> </table>	R.C. No. under the State Act. _____	R.C. No. under the C.S.T Act. _____	
R.C. No. under the State Act. _____			
R.C. No. under the C.S.T Act. _____			
Signature Designation with relation to the business. Seal _____ Date _____			

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 : _____