

NOTICE FOR PAYMENT OF TAX BY COMPOSITION

[See sub-rule (6) of rule 8]

01. OFFICE ADDRESS

D D M M Y Y Y Y

02 TIN

03. NAME AND ADDRESS OF THE DEALER

04. Please refer to your application dated ___/___/_____ for payment of tax by composition in lieu of VAT, which has been received in this Office on ___/___/_____.

05. After careful examination of your application, you have been granted permission for payment of tax by way of composition with effect from ___/___/_____.

06. You are now instructed to intimate the name and address of the deducting authorities in respect of the works, you are executing in the form enclosed, within Seven days from the date of receipt of this notice.

07. You are also instructed to surrender your certificate of registration along with TIN assigned, to this office forthwith so that steps will be taken to cancel the same and issue a fresh certificate of registration and assign a SRIN in your favour.

Place _____
Date _____

SALES TAX OFFICER
CIRCLE / RANGE.