DRAFT

FORM VAT 06

[See rule –16(2)]

APPLICATION FOR ISSUANCE OF BRANCH CERTIFICATE

a. Please read the instructions carefully before filling

b. All the entries should be filled in capital letters)

Registration Number

TIN

1. Name of Dealer

2. Trade Name(s)

3. Principal place of business

Bldg. No/ Name/ Area

Town/City

District (State)

Pin Code | Email Id

Telephone Number(s) | FAX No.

4. Name & Address of Branch(s)

Bldg. No/ Name/ Area

Town/City

District (State)

Pin Code | Email Id

Telephone Number(s) | FAX No.

Date :

Place :

Signature

Full name of Applicant :

Status

Verification

I certify that the information given in this form and its attachments (if any) is true and correct to the best of my knowledge and belief

Date :

Place :

Signature

Full name of Applicant :

Status

Instructions:

1. The application should be filed in duplicate.
2. This Form should be verified and signed by.
   a. Proprietor, in case of Proprietorship concern.
   b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.
   c. Managing Director or authorized signatory, in case of a Company.
   d. Karta, in case of Hindu Undivided Family.
   e. Authorised Signatory, in all other cases