

**FORM IV**  
**TRIPURA VALUE ADDED TAX ACT, 2005**

**Application Form For Registration Of Transporter, Carrier Or Transporting Agent**

**( Under Rule 17(1) of TVAT Rules )**

**Write clearly in black ink and use BLOCK LETTERS**

To  
The Superintendent of Taxes

Charge : \_\_\_\_\_

Affix a  
Photograph  
of the Signatory

1. Name of the Applicant :

\_\_\_\_\_

2. Status of the Applicant (Proprietor, Director etc) :

\_\_\_\_\_

3. Name of the Transporter, Carrier

\_\_\_\_\_

Or Transporting Agent

4. Address of Head Office \_\_\_\_\_ Tel. No.

\_\_\_\_\_

5. Name and Address of Proprietor, Partner, Director etc.

Sl. No	Name	Father's Name	Age	Extent of Interest in the Business	Present Address	Permanent Address
1	2	3	4	5	6	7

6. Name(s) and Address of Other Place(s) of Business in the State of Tripura

Sl.No.	Name	Address
1	2	3

7. Location and Address(es) of Godowns in Tripura

Sl.No.	Address of Godown
1	2

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8. Particulars of Truck / Lorries in the Name of the Transport Company itself

Sl.No.	Registration No. with Transport Department	Valid Up to
1	2	3

9. Particulars of Immovable Property Including Landed Property of Proprietors / Partners

Sl.No.	Details of Property
1	2

10. Bank Accounts of Transport Proprietor and Partners and Nature of Account Hold

Sl.No.	Name	Name of Banker	A/c Number and Nature of A/c
1	2	3	4

11. PAN Number of the Firm \_\_\_\_\_

12. We keep our account in language and scrip in \_\_\_\_\_

Place :  
Applicant  
Date :  
Seal

Signature of  
Designation &

13. Introduced By (Registered Transporter or any Responsible Person)

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Registration : Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Registration Number : \_\_\_\_\_

Amount of Security Paid : (Rs.) \_\_\_\_\_

Bank Scroll No. : \_\_\_\_\_ Date \_\_\_\_\_

Remarks, if any \_\_\_\_\_