

PART B

11. Residential Address *		Building Name/ No. /Survey No./Plot No.																						
(If different from principle place of business)		Area/ Road																						
		Locality/ Market																						
		District																						
		State																						
		Country																						
		Pin Code																						
12. Type of Business* (Tick <input checked="" type="checkbox"/> all applicable)		<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trader	<input type="checkbox"/> Leasing	<input type="checkbox"/> Works Contractor	<input type="checkbox"/> Others (specify) _____																		
		<input type="checkbox"/> Hire Purchaser	<input type="checkbox"/> Hotelier	<input type="checkbox"/> Works	<input type="checkbox"/> Manufacturer and Trader																			
13. Name of Statutory authority with whom already registered. *		<input type="checkbox"/> Dept. of Central Excise		<input type="checkbox"/> Dept. of Imports and Exports		<input type="checkbox"/> Dept. of Industry and Commerce																		
(Tick <input checked="" type="checkbox"/> one as applicable)		<input type="checkbox"/> Dept. of State Excise		<input type="checkbox"/> Register of Companies		<input type="checkbox"/> Register of Firms																		
		<input type="checkbox"/> Others, please specify																						
14. Effective Date of Registration. *						/			/															
				<u>Day</u>		<u>Month</u>				<u>Year</u>														
15. Major Commodity / Traded/ Manufactured*																								
a. Commodity Name (Please specify as per the Schedule)																								
b. Commodity Description (as mentioned in Registration Certificate)																								

16. Date of commencement of business / Date of commencement of purchase, sale and works contract. *												/			/		
										<u>Day</u>			<u>Mont h</u>			<u>Year</u>	
17. Turn over estimated for 12 continuous months/4 quarters /total amount of purchases and sales made last year*																	
18. Annual Turnover Category* Tick <input checked="" type="checkbox"/> one					<input type="checkbox"/> Less than Rs. 5 lacs					<input type="checkbox"/> Rs. 5 lacs or above							
(a) Turnover in preceding financial year					Rs.												
(b) Expected turnover in the current financial year					Rs.												
19. Do you wish to register for VAT/Composition Tax Tick <input checked="" type="checkbox"/> one										<input type="checkbox"/> Normal VAT			<input type="checkbox"/> COT				
If Registered under Composition Tax tick the appropriate type																	
<input type="checkbox"/> Dealer																	
<input type="checkbox"/> Hotelier / Restaurant / Caterer / Sweet meat stall / Bakery / Ice-cream Parlor																	
<input type="checkbox"/> Mechanized Crushing and Granite Crushing units and producing granite metal																	
<input type="checkbox"/> Works Contractor																	

20. Do you wish to apply for / Continue registration under CST act?										<input type="checkbox"/> Yes			<input type="checkbox"/> No				
21. CST Reg.no*																	
22. Effective date of Registration for CST*																	
23. Sub Category*		<input type="checkbox"/> Packing of goods for sale/resale			<input type="checkbox"/> Use in Generation/ Distribution of power			<input type="checkbox"/> Use in Manufacture/Processing of goods for sale			<input type="checkbox"/> Resale			<input type="checkbox"/> Others (specify) _____ _____			
24. Dealer Specified Commodity name*																	
25. CST Amendment Date. *												/			/		
										<u>Day</u>			<u>Mont h</u>			<u>Year</u>	
26. Commodity Name* (Please specify as per the Schedule)																	

Bank Info

(Multiple Sheets can be used if required)

27.Details of main Bank Account*	Name of Bank	
	Address of Bank	
	Account Number	
	Branch Code	
	MICR Number	
	Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Current

Exemption Details

28. Exemption Details

Exemption A : Local Exemption	Local Exemption No.																		
	Date of Issue																		
	Valid Period	From						To											
		<u>Day</u>	<u>Mont h</u>	<u>Year</u>	<u>Day</u>	<u>Mont h</u>	<u>Year</u>												
	Goods Description as in Exemption Certificate																		
Exemption A :Central Exemption	Central Exemption No.																		
	Date of Issue																		
	Valid Period	From						To											
		<u>Day</u>	<u>Mont h</u>	<u>Year</u>	<u>Day</u>	<u>Mont h</u>	<u>Year</u>												
	Goods Description as in Exemption Certificate																		

Exemption B : Local Exemption	Local Exemption No.																		
	Date of Issue																		
	Valid Period	From						To											
		<u>Day</u>	<u>Mont h</u>	<u>Year</u>	<u>Day</u>	<u>Mont h</u>	<u>Year</u>												
	Goods Description as in Exemption Certificate																		
Exemption B :Central Exemption	Central Exemption No.																		
	Date of Issue																		
	Valid Period	From						To											
		<u>Day</u>	<u>Mont h</u>	<u>Year</u>	<u>Day</u>	<u>Mont h</u>	<u>Year</u>												
	Goods Description as in Exemption Certificate																		

Additional Place of Business

(Multiple Sheets can be used if required)

29. Full Name of Applicant Dealer	
<i>(For individuals, provide in order of first name, middle name, surname)</i>	

30. Location of Business	<input type="checkbox"/> Within State	<input type="checkbox"/> Outside State		
31. Registration number of Branch (if any)				
Under the State Act				
Under CST Act, 1958				
32. Type	<input type="checkbox"/> Godown	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business
	<input type="checkbox"/> Warehouse			

33. Trading Name of Business:									
34. Address	Building Name/ No. /Survey No./Plot No.								
	Area/ Road								
	Locality/ Market								
	District								
	Pin Code								
	State								
	Telephone Number								
	EDR Date								
		<u>Day</u>	<u>Month</u>	<u>Year</u>					

PART C- Security Deposit Details

35. Date of Receipt*										
	<u>Day</u>	<u>Month</u>	<u>Year</u>	<u>Day</u>	<u>Month</u>	<u>Year</u>				
36. Local Office Area Code										
37. Security Deposit Type* (In case more than one FD please mention both)	Fixed Deposit No: Fixed Deposit No: Amount*:									
38. Bank Drawn On*										
39. Maturity Date/ Expiry Date*										
	<u>Day</u>	<u>Month</u>	<u>Year</u>	<u>Day</u>	<u>Month</u>	<u>Year</u>				
40. Notes: (If any other information please specify)										