

FORM I
[See rule 3(1)/5(1)]

Application for Certificate of Registration/Amendment of Certificate of Registration

To
.....(Prescribed Authority)
.....

I have to apply for a certificate of registration/amendment of certificate of registration under the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979 (West Ben. Act VI of 1979) as per particulars given below:

(PLEASE TYPE OR USE BLOCK LETTERS ONLY)

Name of the applicant:

Address:

Pin Code :
District :
Telephone No./ E. Mail No. (if any) :
Bank Account No. (if any) :
Name of Bank with Branch :
Status of person signing this form :

Put (✓) mark below the heading which is applicable

Proprietor Partner Principal Agent Manager Director Secretary
 Officer

Class of Employer

Put (✓) mark below the heading which is applicable

Individual Firm Company Corporation Society Club Association
01 02 03 04 05 06 07

If registered under the West Bengal Sales Tax Act, 1994/Central Sales Tax Act, 1956, the numbers of Registration Certificates held:

The West Bengal Sales Tax Act, 1994

Registration Certificate No.

The Central Sales Tax Act, 1956

Registration Certificate No.

Enrolment Certificate No. under the West Bengal

State Tax on Professions, Trades, Callings and

Employments Act, 1979

Name and address of other places of work, if any, in West Bengal:

Name

Address

- 1.
- 2.

Other particulars of the applicant:

Name of the Proprietor/
Partners

Residential
Address

Bank Account No.
(if any) with name
of Bank and Branch

Income Tax
Account No.
(if any)

*Number of certificate of registration:
*Grounds on which amendment is sought:

The above statements are true to the best of my knowledge and belief.

Date..... Signature:
Status:

*To be filled in only in case it is an application for amendment.
Note: Strike out whichever is not applicable.

ACKNOWLEDGEMENT

(Particulars of name and address to be filled in by the applicant)

Received an application for Certificate of Registration/Amendment of Certificate of Registration in Form I from:

Name of the applicant:
Full postal address:

Date *Receiving Officer's Signature*