Form TR-02

(See Rule 24 of the Arunachal Pradesh GoodsTax Rules, 2005)

Application for Amendment in Approval Certificate of Transporter under Arunachal Pradesh Goods Tax Act, 2005

Checklist of Supporting Documents												
	ase tick as applicable											
Mai	Mandatory Supporting Documents Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same) Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of Approval Certificate under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory Two self addressed envelopes (Without stamps) Additional Security, if applicable Please attach Annexure I of TR-01providing details of new person(s) having interest in the business Optional Supporting Documents (For reduction in Security Amount) Proof of ownership of principal place of business Proof of ownership of residential property by proprietor/ managing partner Copy of passport of proprietor/ managing partner											
٥	Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the Approval Certificate of Transporter form) Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the Approval Certificate of Transporter form)											
			Reasons fo	r Reject	ion (For Office Use Only	/)						
			F	Please tic	k as applicable							
	Not attached Mandatory S	Suppo	ort Document(s)								
	Other											
3.	 Please note that the following supportings, if applicable, has to be submitted along with the amendment application (i) Proof of change in the name of the business. (ii) Proof of change in the principal. (iii) Documents evidencing acquisition of business or sale or disposal of business in part. (iv) Proof of change in constitution of the business. 											
	ase fill in your Approval Ce proval Certificate of Transpo		te Number and	tick the h	eadings under which you	wish t	o change the details of your					
7.101												
1.	Approval Certificate Num	ber										
2.	Full Name of Applicant T		orter									
3.	Business Name											
4.	Are you registered under /	AP G	oods Tax	☐ Ye	es		☐ No					
Act? If Yes, Mention Registration No					Reg. No_							
5.	Constitution of Business	0000	Proprietorship Partnership HUF Leasing		Private Ltd. Company Government Company Public Ltd. Company Others, please specify	0	Public Sector Undertaking Government Corporation Govt Deptt/ Society/ Club/ Trust					
6. Date from which Approval under Arunachal												
	Pradesh Goods Tax Act,	2005	granted	DD / MM /								

7. Permanent Account Number of the applicant Transporter (PAN)

	J	Fori	m TR-02 Applica	tion for	Amendment in	Approval Certifica	te of Transporter.				
8. Principal Ba	ank Account			Account No							
				Name of the Bank							
			1	MICR No							
				Address of Bank							
9. Principal Pl	ace of		Building Name/ Market	t Name							
Business			Town/ Village								
			District								
			Pin Code								
			Email Id								
			Telephone Number	(s)							
			Fax Number(s)								
10. Address fo	or service of		Building Name/ Market	t Name							
notice			Town/ Village								
If different from pri	ncipal place of		District								
business			Pin Code								
			Email Id								
			Telephone Number	(s)							
			Fax Number(s)								
11. Details of	STA Permit		Permit No								
			Issue Date								
			Expiry Date								
12. Details of M	lodified		Amount of Security alread	y Furnished	Additional Security furnished at the time of Amendment						
Security					Mode :						
					Date of Expiry:						
					Amount:						
13. Exit of per	13. Exit of person having Fu				Date of Birth	Date of Exit					
interest in	the				/						
business					DD/MM/YYYY						
14. Entry of new person Fu			III Name of person		Date of Birth		Date of Entry				
having interest in the					/						
business	business				DD / MM / YYYY						
15. Change of	F	Fu	ıll Name of new perso	n	Date of Birth		Date of Change				
Authorised	d person	au	thorized								
					/						
					DD/MM/YYYY						
16. Change of	_	Fu	Ill Name of new Mana	iger	Date of Birth		Date of Change				
of Busines	SS										
Summary of P	ronosed Ch	ana	, ac.		DD/MM/YYYY						
Serial No.	Present po			Propose	d Change Reason and proo		change if any				
CCHAITTO.	1 resent po	OitiO	11	Порозск	a change						
						<u> </u>					
Verification	_										
						iven in this form and its					
any) is true and	correct to th	ne be	est of my/our knowled	ge and bel	lief and nothing has	been concealed theref	rom.				
0: (
Signature of Authorised Signatory											
Name											
Designation											
Place						Date					