FORM S.T. I

APPLICATION FOR COMPULSORY/VOLUNTARY REGISTRATION UNDER SECTION 8/9 OF THE HIMACHAL PRADESH GENERAL SALES TAX ACT, 1968.

(See rule 3)

То

The Assessing Authority,

..... District.

I, proprietor/Manager/Partner/Director/ (Head of the Department or any other officer/officers duly authorized by him in writing) of the business known as...... Whose head office in Himachal Pradesh is situated at..... hereby apply on behalf of the said business for a certificate of registration under the Himachal Pradesh General Sales Tax Act, 1968 and attach herewith a Treasury/ Bank receipt of Rs. 5 being Registration fee.

2. The business is --

wholly

mainly

partly

partly

partly

3. The name and address of the proprietor/ the names and addresses of the partners of the business of all persons having any interest in the business together with their age, father's name, permanent home address, etc., are as under (to be filled in if the applicant is not a company incorporated under the Indian Companies Act or under any other law:-

S.No.	Name in full	Fathre's/ Husnand's Name	Age	Extent of interest in the business	Present Address	Permanent Address	Signature	*Signatures and address of witness attesting signature in column No.8

*Signature of each of the persons concerned should be obtained and attested.

[Note.—In the case of Government Department, the name of the department, the institution and officer Incharge of the institution or concern need only be given].

4. The proprietor/or any partner of, or any other person having an interest in the business, has interest in no other business anywhere in India/ has interest in the following other business in India:-

	me and particulars of business	Address of place of business.	
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- 5. [Note.—In the case of Government Department, the name of the department, the institution and officer Incharge of the institution or concern need only be given].
- 6. The business, in respect of which this application is made, has been registered with the Registrar of Joint Stock Companies (Himachal Pradesh). (If registered in any other State, name of the State).....
- 7. The proprietor, partner or other persons is/ are members of the (here insert the name of the Chamber of Commerce or Trade Association, Beopar Mandal of which the dealer is a member).
- 8. The business keeps accounts in..... script
- 10. The annual accounts are made up for sales up-to-date at the end of every year.
- 11. The business has the following additional places of business and no other:-
- 12. The following classes of goods are ordinarily purchased by the business:
 - a. for purpose of manufacture of goods for sale,
 - b. containers or other packing materials.
- 13. The business manufacturers for sale the following classes of goods:-
- 14. The business does not import goods direct from other Countries/States.

DECLARATION

I hereby declare that the above statements are true and complete to the best of my knowledge and belief.

Place:

Date

Signature of dealer.

ACKNOWLEDGAMENT

Received from M/s..... application in Form S.T.I alongwith the enclosures mentioned therein .

Place:

Date:

Receiving Officer/Official.