APPLICATION TO CANCEL TOT REGISTRATION.

(Please see notes on the reverse of this form)

01 Office Address:				Е	ate	Month		Ye	ear
	[02	GRN						
03. Name									
Address:									
		•••••							
I apply to cancel my TOT registration from				04	Date	e:			
Reason(s) for the cancellation of registration: (i) My business closed on:			05	Date	Date:				
(ii) My turnover for the year has crossed Rs.30,0	0,000								
(iii) I require CST registration for my business and intend to also apply for VAT registration									
I (Name)								n in	
Signature & Stamn	D:	ate of	declaratio	nn					
Date application received				07					
Check arrears of TOT									
Confirmation from Return Processing Section – Ta	x Arrears								
Final Return ReceivedYES/NO									
Date of cancellation				08					
ASST. COMMERCIAL TAX OFFICER OFFICER	CHECKING	OFFI	CE				RECEI	VING	ì

NOTES ON COMPLETION OF APPLICATION FOR CANCELLATION OF TOT REGISTRATION

Box 01	Will be completed by the Tax Office.
Box 02`	Insert the GRN number on your Notification of Registration.
Box 03	Insert the name and address shown on your GRN Notification of Registration.
Box 04	Insert the date from which you are requesting cancellation of your registration.
Box 05	Insert the date of the business ceased.
	Finally sign and date of declaration.

Boxes 06 to 08 ARE FOR COMPLETION BY THE TAX OFFICE.