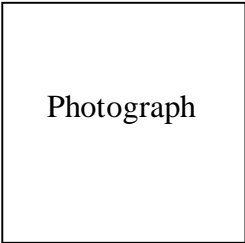


Form VAT-01(C)
(See rule 65[1]&[3])
(To be attached with Form VAT -01)



Declaration of Business Manager and person(s)
authorized to receive notices & documents

Instructions:

1. To be submitted in duplicate
2. This Form should be signed by:
 - a) Proprietor, in case of Proprietorship concern
 - b) All Partners, in case of Partnership firm
 - c) Managing Director or authorized signatory, in case of a Company
 - d) Karta, in case of Hindu Undivided Family
 - e) Authorized Signatory, in all other cases
3. Use separate form for each person declared as Business Manager
4. Passport size photograph of the Business Manager to be pasted above.

1. Name of the Business : _____

2. TIN _____ / Registration
No _____/TOT/CT

3. Full Name of the Business Manager: _____

4. Permanent address of the Business Manager: _____

5. Present address of the Business Manager: _____

6. Date from which authorized to act as
Business Manager _____

7. Specimen signatures (i) _____ (ii) _____

8. Particulars of other persons who are authorized to receive notices and other documents under the Act.

Name _____
Address _____
Signature _____

Name _____
Address _____
Signature _____

Declaration:

I/We declare that the person named above whose specimen signatures are appended in column 7 is authorized to act as a Business Manager for the above referred business for which application for registration is being filed under the Jammu and Kashmir Value Added Act,2005. His all actions in relation to this business will be binding on me/us. He is also authorized to receive notices and other documents under the Act. I/we also authorize the person/persons whose particulars are given in column 8, to receive notices and other documents under the Act and to act as my/our authorised signatory.

Signatories

Full Name	Signature	Status	Extent of interest in business
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(Please write names of all signatories and attach another sheet, if space is inadequate)

Acceptance as a Business Manager

Acceptance of the person(s) authorized to receive notices etc.

I, accept to act as a Business Manager for the above referred business

I, accept to receive notices and other documents under the Act

Signature _____
 Name _____
 Parentage _____
 Address _____
 Date _____

Signature _____
 Name _____
 Parentage _____
 Address _____
 Date _____

(Attach additional sheet if space is inadequate)

Verification

The above details are true and correct to the best of my knowledge and belief and that nothing has been concealed therein. I/we further declare that I/we shall inform the Department whenever there is a change in the information provided in this form.

Place:
Date:

Signature _____
 Full name _____
 Status _____
 Seal _____