

Form VAT-01(B)

(See rule 12(I))

(To be attached with Form VAT-01)

Details of additional places of business

S.No.	Complete Address	Use of premises-factory/ Godown/office/sale outlet/any other (to be specified)	Telephone Number

VERIFICATION

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

Place _____
Date _____

Signature.....
Full name _____
Status _____