

FORM I

[See rule 3(1)/5(1)]

Application for Certificate of Registration/Amendment of Certificate of Registration

To

..... (Prescribed Authority)

.....

I have to apply for a certificate of registration/amendment of certificate of registration under the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979 (West Ben. Act VI of 1979) as per particulars given below:

(PLEASE TYPE OR USE BLOCK LETTERS ONLY)

Name of the applicant :

Address :

Pin Code :

District :

Telephone No./E-mail Add.(if any) :

Bank Account No. (if any) :

Name of Bank with Branch :

Status of person signing this form :

Put (✓) mark below the heading which is applicable

Proprietor	Partner	Principal Officer	Agent	Manager	Director	Secretary

Class of Employer

Put (✓) mark below the heading which is applicable

Individual	Firm	Company	Corporation	Society	Club	Association
01	02	03	04	05	06	07

If registered under the West Bengal Sales Tax Act, 1994/Central Sales Tax Act, 1956, the numbers of Registration Certificates held:

The West Bengal Sales Tax Act, 1994

Registration Certificate No.

The Central Sales Tax Act, 1956

Registration Certificate No.

Enrolment Certificate No. under the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979.....

Name and Address of other places of work, if any, in West Bengal:

Name

Address

- 1.
- 2.
- 3.
- 4.

Other particulars of the applicant:

Name of the Proprietor/ Partners	Residential Address	Bank Account No. (if any) with name of Bank and Branch	Income Tax Account No. (if any)

* Number of certificate of registration:

* Grounds on which amendment is sought:

The above statements are true to the best of my knowledge and belief.

Signature

Date

Status

* To be filled in only in case it is an application for amendment.

Note: Strike out whichever is not applicable.

ACKNOWLEDGEMENT

(Particulars of name and address to be filled in by filled in by the applicant)

Received an application for Certificate of Registration/Amendment of Certificate of Registration in Form I from:

Name of the applicant:.....

Full postal address:

.....

Date

Receiving Officer's Signature.

Instructions for the Tax-Payer for filling up the form

1. Please use one capital letter or one figure for each box.
2. Please fill up the 'Name prefix' boxes thus

T	H	E	
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M	/	S	
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3. Please fill up the 'Name Proper' and 'Address Line' boxes thus

G	O	O	D	W	I	L	L		&		C	O	M	P	A	N	Y		B	R	O	S
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2	3	/	A		M	U	K	U	N	D		L	A	N	E
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C	A	L	C	U	T	T	A		7	0	0	0	0	1
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4. Please do not use comma's and 'full-stop's. Leave one box blank after one complete set of words or figures. If the boxes provided fail to contain all the information regarding name and address please use abbreviations.
5. In the boxes for address please give the name of the Police Station, if you are a resident of Calcutta and the name of the Subdivision if you are a resident of any District of West Bengal.
