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 No. (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.		

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 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*