ANNEXURE-I-TO FORM 101

1) Full address of the additional place(s) of business / Godown(s) / Warehouse(s) in Maharashtra (If space is insufficient please take photocopy of this page and attach)

a. First additional place of business

Building Name /Office No./Flat No.									
110./1 lat 110.									
Area Name etc									
Street Name etc.									
Village/ Town/ City									
Taluka									
District									
PIN Code									
VAT R.C. No (if any)									
R.C. No under other Act(s) (if	any)								

b. Second additional place of business

Building Name /Office No./Flat No.									
Area Name etc									
Street Name etc.									

Village/ Town/ City										
Taluka										
District										
PIN Code										
VAT R.C. No (if any)										
R.C. No under other Act(s) (if	any	r)								

c. Third additional place of business

Building Name /Office No./Flat No.										
Area Name etc										
Street Name etc.										
Village/ Town/ City										
Taluka										
District										
PIN Code										
VAT R.C. No (if any)										
R.C. No under other Act(s) (s	if any)								

2) Constitution (Please ($\sqrt{\ }$) tick the appropriate box)

Proprie	tor	Partnership		Privat Ltd. C		Public	Ltd. Co.
HUF	,	Cooperative Society		Publi Trus			(please cify)
	3) Pri	ncipal nature of bu	usiness (Pl	ease (√)	the most ap	ppropriate box	only)
Manufa	cturer	Importer		Reseller		Other(Please specify)	
	4) Nat	ure of business (P	lease (√) t	ick the a	ppropriate	box(es))	
Manufactur	·er	Wholesaler	Retailer		Importer	Exporter	
Works Contracto	r	Restaurant	Leasing	C	ommission Agent	Others (Please specify)	
Retaile	boxes) Schem	ve you opted for co (Please refer leafle ne)					mposition
Retaile		Caterer		Bakery		Deal	er
	6) Ma i	in commodities sol	ld				
Sr. No.	Name of	the commodity		Sched	ule Entry	HSN cla be filled departm authorit	<u>ental</u>

2		
3		
4		
5		

7) Main commodities purchased

Sr. No.	Name of the commodity	Schedule Entry	HSN classification <u>(To</u> <u>be filled by the</u> <u>departmental</u> <u>authorities)</u>
1			
2			
3			
4			

8. Address(s) in space is insuff										ct (I	f	
a) Address in			oc tui	c pii	py or	,,,,,,	Juge	unu	 ,			
a) Mariess III	111 50 0	juic										
												Г
Bldg Name /Office No./Flat No												
Area Name etc												
Area Name etc												
Street Name etc.												
3.2.3.0.1 (M.2.1.0 000)												
City												
State												
Pincode												
Corresponding CST RC / TIN												
b) Address in	Secor	ıd Sta	ite									
Bldg Name /Office No./Flat No												
Area Name etc												

Street Name etc.								
City								
State								
Pincode								
Corresponding CST RC / TIN								

c) Address in Third State

Bldg Name /Office No./Flat No								
Area Name etc								
Street Name etc.								
City								
State								
Pincode								
Corresponding CST RC / TIN								

a. Address in Fourth State

Bldg Name /Office No./Flat No								
Area Name etc								

Street Name etc.								
City								
State								
Pincode								
Corresponding CST RC / TIN								