		CST RC No. / TIN:
		Name of business
		Address:
		Telephone No
То		
The Sales Tax Office	er ()	
Sub: Application for	or supply of statutory form (C/F/H/EI/EII for interstate transactions.
Sir,		
		ment of requirement is enclosed herewith.
Type of form	Quantity (in figures)	Fee paid (in Rs.)
<u>C</u>		
F		
H		
EI		
EII		
TOTAL		
	by of the last return/returns	(Signature of dealer)
SEAL/STAMP of the	dealer.	(Name)
DATE :		(Status)
I/We hereby author		, who
		tionship with the dealer), to receive on
		has signed below in my presence.
Signature of the authorised person		Signature of the dealer
	ACKNOWLED(GEMENT
		EII forms (*) from M/surther called on
Date:		Signature of the officer.
		Stamp of the officer
(*) Score out whic	hever is not applicable.	
	FRONT PAGE	

(For office use only)

(To be filled in by Inspector) (please $\sqrt{\ }$ the appropriate box.)

1.	Whether proper fees for obtaining the forms paid and proof attached? Yes No
2.	Whether 'Statement of Requirement' attached and properly filled? Yes No
3.	Whether self attested photocopy of the single invoice of highest value relating to the requirements attached? Yes No
4.	Whether self attested photocopy of the L/R , R/R , B/L relating to the said invoice attached if the dealer is applying for the first time? (original to be shown for verification) \square Yes \square No
5.	Whether self attested photocopy of the challan of the VAT / CST last returns due attached? Yes No
6.	Whether counterfoils of any of the last issued relevant Declarations / Certificates Produced? Yes No
Sig	Whether the details in the annexure and the application correlate? Yes No gnature of the Inspector:
Re	marks of the Sales Tax Officer
•	gnature of the officer:
Re	ceived the forms as per the application.
2)	Signature of the dealer / the authorised person : Name: Date :

Statement of Requirement of Statutory forms (To be filled in capital letters with Black colour ballpoint pen only)

Name of the form issuing dealer		CST RC No /	TIN
vame of the form issuing acute	'	COI RC NO,	* * * * · · · · · · · · · · · · · · · ·

Form	Name of the form-accepting	CST RC / TIN of the	Period of	Total	Total Value of	Description of the	Information	to be filled in by
	dealer.			numbe	all transactions		the Control D	o be fifted fit by
type	dealer.	form accepting				goods	Carian K	epository staff
		dealer	ons	r of	including tax			Serial No. of
				transa			the	the
				ctions			Declaration	Declaration
1	2	3		4	5	6	7	8

(Signature of the Dealer / Authorised Representative)	(SEAL/ STAMP OF DEALER)	(Signature of issuing Officer)
Name:		Name:
Designation: Date:		Date:

Details of the Invoice of the highest value in the period

Name and address of the dealer to whom the form will be issued by the applicant dealer.	CST RC NO / TIN	Invoice Number	Date of Invoice	Description of the Commodity purchased	Value (Rs).

SEAL/STAMP OF DEALER.

Signature (Dealer/authorised representative)

Name:

Designation: Date: