CST RC No. / TIN:

Name of business

Address:

Telephone No

To

The Sales Tax Officer (\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sub: Application for supply of statutory form C/F/H/EI/EII for interstate transactions.**

Sir,

Please supply me the following forms. The statement of requirement is enclosed herewith.

|  |  |  |
| --- | --- | --- |
| Type of form | Quantity ( in figures) | Fee paid (in Rs.) |
| C |  |  |
| F |  |  |
| H |  |  |
| EI |  |  |
| EII |  |  |
| **TOTAL** |  |  |

I have filed all the CST and VAT returns due till today and enclosed to this application the self-attested copy of the last return/returns due.

(Signature of dealer)

SEAL/STAMP of the dealer. (Name)

DATE : (Status)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby authorise Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (relationship with the dealer), to receive on my/our behalf, the forms as indented above. He has signed below in my presence.

Signature of the authorised person Signature of the dealer

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**ACKNOWLEDGEMENT**

Received application for (quantity) C/F/H/EI/EII forms (**\*** ) from M/s -----------------------

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Further called on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature of the officer.

Stamp of the officer

(\*) Score out whichever is not applicable.

FRONT PAGE

***(For office use only)***

**(To be filled in by Inspector) (please √ 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) Yes 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 |  |  |  |  |  |
| 7. Whether the details in the annexure and the application correlate? |  | Yes |  | No |  |
|  |  |  |

Signature of the Inspector:

**Name:**

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**Remarks of the Sales Tax Officer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the officer:

**Name**:

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**Received the forms as per the application.**

1. Signature of the dealer / the authorised person :
2. Name:
3. Date :

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BACK PAGE

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |
| type | dealer . | form | accepting | transacti | numbe | all transactions | goods | the Central Repository staff |  |
|  |  | dealer |  | ons | r | of | including tax |  |  |  |  |  |
|  |  |  |  | Series | of | Serial No. of |  |
|  |  |  |  |  | transa |  |  | the |  | the |  |
|  |  |  |  |  | ctions |  |  | Declaration | Declaration |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** | **2** |  | **3** |  |  | **4** | **5** | **6** | **7** |  | **8** |  |
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|  |  |  |
| --- | --- | --- |
| (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 | CST RC NO / | Invoice Number | Date of Invoice | Description of the | Value (Rs). |
| of the dealer to | TIN |  |  | Commodity purchased |  |
| whom the form |  |  |  |  |  |
| will be issued by |  |  |  |  |  |
| the applicant |  |  |  |  |  |
| dealer. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

SEAL /STAMP OF DEALER. Signature

 (Dealer/authorised representative)

 Name:

 Designation:

 Date: