Form VAT – 9 (See rule 28)

APPLICATION FOR PERMISSION BY CASUAL TRADER

То The Designated Officer, City / Place :

	Dantiardana (D. 1																		
1.	Particulars of Busi	ness																	
1.1	Full name of																		
	Applicant and																		
4.0	Father's Name																		
1.2	Trade name, (if																		
	different from the																		
4.0	above)																		
1.3	Head Office																		
		Pin							Sta	ite :									
		Tel								Fax									
		E-ma	ail a	ddre	ess :								•			•			
1.3.1	Place of business,																		
	if any, in Punjab.																		
1.3.2	Place of business																		
	from which goods																		
	are proposed to be																		
	brought.																		
1.4	VRN/TRN, if any																		
1.5	PAN No., if any																		
1.6	VAT Regn. No., if																		
	any, in other state.																		
1.7	Proof of identify, (if																		
	columns 1.4 to 1.6																		
	are not applicable)																		
2.	Particulars of the b	usine	SS	eve	nt fo	or w	hich	apr	lica	tion	is n	nade	in	this	fo	rm.			
(a)	Nature of Business																		
(4.)	event																		
(b)	Date of						1	Τ_	1 _										
()	commencement			/			/	2	0)					(dc	m.b	m.y	y)	
©	Date of conclusion						1 .	_											
							/	2	0)					(dc	m.k	m.y	y)	
(d)	Location (address)																		
(e)	Description of																		
	goods proposed to																		
	be sold (Attach list																		
	of goods, if																		
(6)	necessary)																		
(f)	Value of goods																		
	proposed to be																		
	brought for sale at																		
(~)	the place of event.																		
(g)	Anticipated Gross																		
(h)	Sales (Rs.)																		
(h)	Anticipated Tax																		
/:\	liability (Rs.			Nia	٠ ٩ ١	Daal			1			Dra		4 a al	٠.	NIa			
(i)	Sale Bill Books (for			INO	. OT I	Bool	(S					Pre-	prin	ιeα	or.	INO	5.		
/:\	authentication)																		
(j)	Books of Accounts																		
	(for authentication)																		
2	Local commence of	ncc																	
3.	Local corresponde	nce																	
(a)	Local contact																		
	address	Di-		1		1	1		Α										
		Pin							Are	ea :									

		Tel							Fax				
(b)	Local reference, if								•				
, ,	any												
©	Name and												
	permanent												
	address of event												
	organizer.												
(d)	Attach												
	Confirmation letter												
	of event organizer												
	along with proof of												
	payment, if any												
(e)	Name and address												
	of the owner of												
	location												
(f)	Attach												
	Confirmation letter												
	of the owner of the												
	location and proof												
	of payment, if any.												
4.	Payment details of	Fee											
TR No.		Date	-						Amo				
Declaration: I solemnly declare that to the best of my knowledge and belief, the information													
given on this form is true and correct.													
Name	Name)esig	gnati	on				
Signature							ate	(dd.mn	n.yy)				

For Office use only.

Date of receipt of application				
Permission Certificate No. and Date				
Security details				
Details of tax payment				
Date of assessment				
Additional tax demand, if any				
Receipt of additional tax demand	Instrument	TR	Demand	Banker's
	(Tick as applicable	e)	Draft	Chq.
	Instrument No.			
	Amount			
	Date of receipt			
Refund, if any, allowed		•		
Refund details				
Date of issuance of Tax Clearance	Instrume	Date	Ar	mount
Certificate	nt No.			

(Signature of designated officer)