**FORM   I[See  Rule 3(1)]Application for Registration**

ToThe Professional Tax Officer,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply a certificate of Registration under the above mentioned Act as per particulars given below:

(PLEASE TYPE OR USE BLOCK LETTERS ONLY)

Name of the Applicant                            :           Address                                                       :

                       Building Street Road        :                                  Municipal Ward                  :                        Town / City                            :                                   Mandal                                  :                         District                                    :                        Pin Code                               :

Status of person signing this form         :

Put (x) mark below the heading whichever is applicable.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Proprietor | Partner | Principal Officers | Agent | Manager | Director | Secretary |
|  |  |  |  |  |  |  |

Class of Employer

Put (x) mark below the heading whichever is applicable

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Individual | Firm | Company | Corporation | Society | Club | Association |
|  |  |  |  |  |  |  |

If registered under the APGST Act, 1957/Central Sales Tax Act, 1959 the number of registration Certificate held:-

A.P.G.S.T.  R.C. No   :

 C.S.T.  R.C. No.        :

Names and addresses of other places of work, if any, in Andhra Pradesh

|  |  |  |
| --- | --- | --- |
| SL.NO | NAME | ADDRESS |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

The above statements are true to the best of my knowledge and belief.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_     Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For Office use only)

Registration Certificate No.

                                                                                                                                 Signature of the Officer Issuing the certificate.

**Acknowledgement**

(Particulars of name and address to be filled in by the applicant)

Received an application for registration in Form I  :Name of the Applicant                                                      :Full Postal Address                                                           :

Date:                                                                                                                                            Receiving Officer’s Signature