

FORM D

See sub-rule (1) of Rule 6

Application for Renewal of Registration

Space for
Stamp

To

The Registering Authority, Shops and Establishment.

(Here specify the area and address)

Sir,

I beg to apply for renewal of my certificate of registration No. _____ which is enclosed. Particulars about the shop/establishment are furnished in the statement below.

2. Revenue stamps worth _____ are affixed with this application as renewal fee.

Signature of the shop-keeper/employer on each date.

Statement

1. Name of shop/establishment, if any _____
2. Post address and exact location of shop/establishment _____

3. Previous registration certificate No. (The certificate No) (*The certificate is to be enclosed to this application*) _____
4. Period of which renewal is required. _____
5. Exact location of office, room, godown, warehouse, or work-place, if any, attached to shop but situated in premises different from those of shop/establishment. _____
6. Name of shop-keeper/employer _____
7. Residential address of shop-keeper/employer _____

8. Name of manager, if any, and his residential address. _____

9. Names of partners and their residential addresses (if a partnership concern) _____

10. Names and residential addresses of directors (if a limited company)_____

11. Category of establishment, i.e., whether a shop, commercial establishment, residential hotel, restaurant, eating house, theatre, cinema or other place of public amusement or entertainment._____

12. Nature of business._____

13. Date of commencement of business._____

14. Name of members of owner's family employed in the shop/establishment who live with the owner and are dependent on him/her.

	Relationship	Adults	Young persons
Males			
Females			
TOTAL:			

15. Names of other persons employed—

(i) in a managerial or confidential capacity;_____

(ii) as a traveller, canvasser, messenger, watchman or caretaker; and_____

(iii) exclusively in connection with customs, examination collection, despatch, delivery or conveyance of goods from or to booking offices for transport by rail, road or air, docks, wharves or airports (indicate sex and age in case of young persons)._____

16. Total number of employees—

	Adults	Young persons	Total
Males			
Females			
TOTAL:			

17. Declaration of weekly closing days (in the case of a shop or commercial establishment)._____

I hereby declare that the above information is true to the best of my knowledge and belief.

Yours faithfully,
Signature of shop-keeper/employer

Dated._____

- Note:--**1. Item 5 should be filled only when the office, store-room, etc., are not separately registered under the Act. In respect of such store room, etc., not separately registered, particulars required under items 14, 15, 16 should be given separately for each officer, store rooms, etc.
2. If any item is not applicable, enter "Not applicable".