THE ASSAM VALUE ADDED TAX RULES, 2005 FORM-72 [See Rule 51]

PARTICULARS OF THE MANAGER/AUTHORISED PERSON

| 1. Full Name of individuals, pro middle name, st | ovide i | n or | | | | | | е, | | | | | | | | | | | | | | | | | | | | | |
|---|----------------|-------|-----------------------|--------------|-------|----|-----|------|------------|----|----------------|-----|------|-----------------|-----|------|---------------|-----|------|-----|-------|----------|-----|-----|-----|------|----------|-----|---|
| 2. Registration No. | | | | | | | | | | | | | | | | | $\frac{1}{1}$ | | | | | | | | Ц | | | | |
| <i>This field is app</i> | | la w | hon | ann | lssia | na | fo | rar | n 0 | nd | mo | nt. | of | ra | aic | tre | nti | | in | F |) rr | рТ | | 17 | | 7 | | | |
| · · · · | | | | | | | | | | na | | | | re _z | | | | | | | | | | | | / | | | |
| 3. Name of Authorised Signatory (<i>Provide</i> order of first name, middle name, surname) | | | | | | | | 'n | _ | | | | | | | | | | | | | | | | | | | | |
| 4. Date of birth | | / | | / | | | | | | 5. | Ge | enc | ler | (ti | ick | 01 | ıe) | | • | | Μ | [a] | e | | F | em | ale | | |
| 6. Father's / Hu | sband' | s na | me | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | _ | - | | | F | irs | t Na | am | ne | Middle Name Su | | | | | | | | Su | rn | rname | | | | | | | | |
| 7. PAN : | | | | | | | | | _ | Ц | | 8 | . Pa | ass | spo | ort | No |). | | | | | | 1 | | | | | |
| 9. E-mail addre | | | | | | | | | | | | | | | | | | | μ | | | | | | | | — | | ٦ |
| 10. Residential Address (If different from principle place of business) | Build Area/ | · - | | _ | | | | ╉ | _ | | | | | | | | | | | | | | - | | | | | | |
| | Local | ity/ | Ma | rket | | | | | | | | | | T | | | | | T | | | | | 1 | | | | | |
| | Pin C | ode | | | | | ļ | | | | | | | | | | | | | | | <u> </u> | | | | | | | |
| | Telep | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fax N | Γ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Permanent . (If different from | | SS | | ildin mbe | - | Na | me | e/ | | | | | | | | | | | | | | | | | | | | | |
| residential add | | | Ar | ea/ R | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Lo | calit | v/] | Ma | ark | tet | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Pin Code Telephone | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Te. Nu | | ſ | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | x Nu | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Declaration | | | | | | | | | | | 1 | her | eb | y s | sol | en | nnl | y a | .ffi | rn | n a | nd | de | ecl | are | e tł | nat | the | ; |
| person named | above | is a | autł | noris | ed | tc |) a | ct a | as | an | a | uth | or | ise | d | sig | gna | toi | y | fo | or 1 | the | a | bo | ve | re | fer | red | , |
| business for w | hich a | ppli | cati | ion f | for | re | egi | stra | tic | on | is | be | ing | g f | ĩle | ed/: | is | reg | gist | ter | ed | u | nd | er | th | e A | Ass | am | l |
| Value Added T | ax Ac | t, 20 | 03. | All | his | a | cti | ons | in | re | lat | ior | ı to | o tł | nis | bu | isii | nes | s v | vil | l1 t | be l | oin | di | ng | on | us | • | |

| Sl. No. | Full Name (First name, Middle Name, Surname) | Designation | Signature | | | | | | | | | | | |
|---|---|-------------|-----------|--|--|--|--|--|--|--|--|--|--|--|
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| 13. Acceptance as a Manager/Authorised Person | | | | | | | | | | | | | | |
| - | I hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business. | | | | | | | | | | | | | |

Signature of Manager/Authorised Person

Full Name (first name, middle, surname)

Designation

| Place | | | | | | | | | | | | | | | | | | | | | | | |
|-------|---|-----|----|-----|---|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | | | | | | | | | | | | | | | | |
| | D | Day | Мо | ntł | 1 | Year | | | | | | | | | | | | | | | | | |