

I,.....do hereby declare that the above statements are true to the best of my knowledge and belief .

Date.....
Signature.....
* (Proprietor/Partner/ Karta/ Managing Director/ Director/
Company Secretary/Trustee/ President/General Secretary)
Status

***Please use separate sheet wherever space is inadequate.**

How to fill up Form-2

01. Please enter the name of the dealer in the order of first name, middle name and then surname in the appropriate box.
02. Please enter the registration number under this Act.
03. Please enter the name under which the business trades. If the business trades under own name, enter the same.
04. Please put tick in the appropriate box.
05. (a) Please strike out whichever is not applicable.
(b) Please enter the eligibility certificate no. and the date of its effect.
(c) Please give the date of expiry of the eligibility certificate.
06. Please put tick in the appropriate box.
07. Please put tick in the appropriate box.
08. Please enter the address of the principal place of business in the appropriate box beginning with Room/Flat Number followed by Premises Number and Street, City/Town, District, Postal Index Number and name of the Municipal / Local body under the jurisdiction of which the Principal place of business is located.
09. Please fill in the boxes with the appropriate code (given below) that identifies the occupancy status:

Owned - 01	Rented - 02	Leased - 03	Rent-free - 04	Others - 05
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10. Please enter the two digit code that identifies the status of the business from the selection below:

Proprietary -01	Unregistered Partnership -02	Registered Partnership - 03	Hindu Undivided Family - 04
Private Limited Company -05	Public Limited Company -06	Public Sector Undertaking -07	Government Company -08
Statutory Body -09	Co-operative Society- 10	Government – 11	Others -12

11. Write the number of partners.
12. Please write names of two contact persons starting with the first name, then middle name and surname.
13. Status of two contact persons in relation to the business is to be stated (eg. Partner, Director, Manager etc.)

- 14.** Please enter the address of two contact persons in the appropriate boxes in the format prescribed in serial no. 4.
- 15.** Please mention the telephone number, mobile number, fax number, e-mail number of the contact persons in the appropriate boxes.
- 16.** Please enter the address of two branch offices in the appropriate boxes. If there are more than two branches, please use a separate sheet.
- 17.** Please enter the name of the state and the registration number of the branch offices under the respective State Act and Central Sales Tax Act, 1956. If there are more than two branches, please use a separate sheet.
- 18.** Please enter the address and the telephone numbers of the warehouses in the appropriate box. If there are more than two warehouses, please use a separate sheet.
- 19.** Please enter the address and the telephone numbers of the factories in the appropriate box. If there are more than two factories, please use a separate sheet.
- 20.** Please enter the two-digit code in box (a) from the following list, which describes your business. If more than one code is applicable use other boxes too.

Manufacturer -01	Distributor -02	Agency -03	Wholesaler -04
Retailer -05	Auctioneer -06	Works contractor -07	Transferor of right to use goods -08
Hire Purchaser -09	Hotelier -10	Club -11	Importer -12
Exporter -13	Others -14		

- 21.** Please write the number in the appropriate box.
- 22.** (a) In case you are a reseller of taxable goods, please enter the names of the major taxable commodities in which you deal.
- (b) In case you are a reseller of non-taxable goods, please enter the names of the major non-taxable commodities in which you deal.
- (c) In case you are a manufacturer of taxable goods, please enter the names of the raw materials required for manufacturing of such goods.
- (d) In case you are a manufacturer of non-taxable goods, please enter the names of the raw materials required for manufacturing of such goods.
- (e) In case you are a works contractor, please enter the names of the commodities used in the execution of works contract.
- 23.** Please enter the name, branch, account number and address of the banks where the accounts are maintained. If you have more than two branches please use a separate sheet.
- 24.** Please enter the number in the appropriate box.

25. Please enter the number in the appropriate box.

26. Please enter the number in the appropriate box.

27. Please write the Certificate of Enlistment number, date of issue of such certificate and last renewal of the certificate. For example, if the date of issue is 1st June, 2004, please write 01 against DD, 06 against MM and 2004 against YYYY.

