

**FORM E 17 A**

[See rule 4 (2) (a)]

**DETAILS OF ADDITIONAL PLACES OF BUSINESS/BRANCHES/GODOWNS/  
WAREHOUSES IN ORISSA**

01. Name and style of the business:

02. Address:

03. Name of the applicant:

04. Additional place of business/ Branch/Godown or Warehouse  
(Score out whichever is not applicable)

ADDRESS \_\_\_\_\_

Pin Code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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

05. Additional place of business/ Branch/Godown or Warehouse  
(Score out whichever is not applicable)

ADDRESS \_\_\_\_\_

Pin Code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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

06. Additional place of business/ Branch/Godown or Warehouse  
(Score out whichever is not applicable)

ADDRESS \_\_\_\_\_

Pin Code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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

**VERIFICATION**

I -----son/daughter/wife of -----  
-----status -----of the aforesaid business do hereby solemnly  
affirm that the particulars given in this form are true and correct to the best of my knowledge  
and belief.

Signature

Seal  
Date: \_\_\_\_\_