FORM VAT-101 A

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

[See clause (a) of sub-rule (9) of rule 15]

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 _____

V E R I F I C A T I O N

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 : _____