FORM VAT -101 B

ADDRESS OF BRANCH OFFICES / GODOWNS LOCATED OUTSIDE ORISSA.

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

01. Name and style of the business :

02. Address :

03. Name of the applicant :

Status of business (Mark v where applicable)	Branch office	Godown (operated by C & F Agent/consignment Agent)

04. State _____

ADDRESS _____
_____
_____

Pin Code _____ Telephone _____ Fax _____

R.C. No. under the State Act. _____

R.C. No. under the C.S.T Act. _____

Signature
Designation with relation to the business.
Seal 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 : _____