FORM VAT-611A

APPLICATION FOR ISSUE OF CLEARANCE CERTIFICATE TO A PERSON / DEALER NOT REGISTERED UNDER THE ORISSA VALUE ADDED TAX ACT

[Refer sub-rule (1)(b) of rule 129]

01. To

The Deputy / Assistant Commissioner / Sales Tax Officer of _____ Circle

D	D		M	M		Y	Y	Y	Y
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02.
(i) Name of the applicant (In block letter)
(ii) Name and address of the business concern
(iii) Status of the applicant with reference to the business concern
(iv) Permanent address of the applicant
(v) Present address of the applicant
(vi) Whether the applicant is registered under the Sales Tax Act of any other State, the Name, address and Registration Number thereof
(vii) Purpose for which clearance certificate is required.
(viii) Whether clearance certificate was issued earlier, the details thereof
(ix) Whether the applicant was earlier assessed to tax under the OVAT Act or OST Act and if yes, arrear of tax, interest or penalty if any outstanding on the date of application.
(x) Arrear of Tax/ Interest/ penalty, if any outstanding on applicant in other states where the applicant has business.
(xi) Whether the applicant was registered earlier and whether the Registration Certificate has been cancelled, the reason(s) for which Registration Certificate was cancelled and the date of cancellation.
(xii) Whether the applicant is carrying on any business in Orissa on the date of application and if so, total turnover till date.

03. VERIFICATION

I _____ son/daughter/wife of _____ (status)_____ of M/s. _____ at _____ do hereby declare that the information furnished above are true and correct to the best of my knowledge and belief.

Place _____ Signature

Date _____ (Status)

Seal