## Form VAT – 9 (See rule 28)

## **APPLICATION FOR PERMISSION BY CASUAL TRADER**

То

The Designa	ted Officer,	
City / Place :		
articulars of Busi	ness	
ıll name of		

1.	Particulars of Business										
1.1	Full name of										
	Applicant and										
	Father's Name										
1.2	Trade name, (if										
	different from the										
	above)										
1.3	Head Office										
1.0	Tioud Omeo										
		Pin						State	, ·		
		Tel	$\frac{}{}$	1 1	<u> </u>				ax	1 1	
		E-mail	oddr	200				Г	ax		
1.3.1	Diago of business	E-maii	addi	ess	•						
1.3.1	Place of business,										
1.3.2	if any, in Punjab. Place of business										
1.3.2	from which goods										
	· ·										
	are proposed to be brought.										
1.4	VRN/TRN, if any										
1.5	PAN No., if any										
1.6	VAT Regn. No., if										
1.0	any, in other state.										
1.7	Proof of identify, (if										
1.7	columns 1.4 to 1.6										
	are not applicable)										
2.	Particulars of the b	ueinae	2 000	nt fo	r wl	nich	ann	licatio	n ie r	nada i	n this form
(a)	Nature of Business	4311103.			<u> </u>		ирр	iioati	<u> </u>	iiaac i	
(α)	event										
(b)	Date of		,			,					(11
, ,	commencement		/			/	2	0			(dd.mm.yy)
©	Date of conclusion		,			,	_	^			(- -
(-1)			/			/	2	0			(dd.mm.yy)
(d)	Location (address)										
(e)	Description of										
	goods proposed to be sold (Attach list										
	of goods, if										
	necessary)										
(f)	Value of goods										
(1)	proposed to be										
	brought for sale at										
	the place of event.										
(g)	Anticipated Gross										
(9)	Sales (Rs.)										
(h)	Anticipated Tax										
(,	liability (Rs.										
(i)	Sale Bill Books (for		Nο	. of	Book	(S				Pre-pi	rinted Sr. Nos.
(-)	authentication)				·	-				- 1-	
(j)	Books of Accounts										
\ \partial \par	(for authentication)										
3.	Local corresponde	nce									
(a)	Local contact										
	address										
		Pin						Area	:		

		Tel								F	ах					
(b)	Local reference, if															
	any															
©	Name and															
	permanent															
	address of event															
	organizer.															
(d)	Attach															
	Confirmation letter															
	of event organizer															
	along with proof of															
	payment, if any															
(e)	Name and address															
	of the owner of															
	location															
(f)	Attach															
	Confirmation letter															
	of the owner of the															
	location and proof															
	of payment, if any.															
4.	Payment details of	Fee														
TR No.			ate								Amo					
	Declaration: I solemnly declare that to the best of my knowledge and belief, the information															
given o	on this form is true a	nd co	orre	ct.												
Name							_	esig								
Signatu	ıre						Da	ate (	dd.mr	m.yy)						

## For Office use only.

Date of receipt of application						
Permission Certificate No. and Date						
Security details						
Details of tax payment						
Date of assessment						
Additional tax demand, if any						
Receipt of additional tax demand	Instrument	Instrument			and Ba	nker's
	(Tick as application	(Tick as applicable)			ft	Chq.
	Instrument No.	Instrument No.				
	Amount	Amount				
	Date of receipt					
Refund, if any, allowed						
Refund details						
Date of issuance of Tax Clearance	Instrume		Date		Amount	
Certificate	nt No.					

(Signature of designated officer)