

¹ 7. Description of taxable services provided or to be provided by applicant

S.No	Description of taxable service(Choose from ANNEXURE)
(1)	(2)

8. Name, Designation and Address of the **Authorized Signatory /Signatories:**

DECLARATION

I, _____ hereby declare that the information given in this application form is true, correct and complete in every respect and that I am authorized to sign on behalf of the Registrant.

(a) For new Registration:

I would like to receive the Registration Certificate by mail / by hand/ E-MAIL

(b) For amendments to information pertaining to existing Registrant:

Date from which amendments are made: _____

(Self certified photocopy of Registration certificate is required to be enclosed **)

(Original existing Registration Certificate is required to be enclosed)

Date:

(Signature of the applicant/authorized person with stamp)

Place:

ACKNOWLEDGEMENT

(To be given in the event Registration Certificate is not issued at the time of receipt of application for Registration)

I hereby acknowledge the receipt of your Application Form

(a) For new Registration

(As desired, the New Registration Certificate will be sent by E-MAIL/ mail/handed over to you in person on _____)

(b) For amendments to information in existing Registration (* * * * *) \$

Signature of the Officer of Central Excise
(with Name & Official Seal)

Date: