

FORM IV
TRIPURA VALUE ADDED TAX ACT, 2004

Application Form For Registration Of Transporter, Carrier Or Transporting Agent
(Under Rule 17(1) of TVAT Rules)

Write clearly in black ink and use BLOCK LETTERS

To
The Superintendent of Taxes

Charge : _____

Affix a Photograph
of the Signatory

1. Name of the Applicant : _____
2. Status of the Applicant (Proprietor, Director etc) : _____
3. Name of the Transporter, Carrier _____
Or Transporting Agent
4. Address of Head Office _____ Tel. No. _____
5. Name and Address of Proprietor, Partner, Director etc.

Sl.No.	Name	Father's Name	Age	Extent of Interest in the Business	Present Address	Permanent Address
1	2	3	4	5	6	7

6. Name(s) and Address of Other Place(s) of Business in the State of Tripura

Sl.No.	Name	Address
1	2	3

7. Location and Address(es) of Godowns in Tripura

Sl.No.	Address of Godown
1	2

8. Particulars of Truck / Lorries in the Name of the Transport Company itself

Sl.No.	Registration No. with Transport Department	Valid Up to
1	2	3

9. Particulars of Immovable Property Including Landed Property of Proprietors / Partners

Sl.No.	Details of Property
1	2

10. Bank Accounts of Transport Proprietor and Partners and Nature of Account Hold

Sl.No.	Name	Name of Banker	A/c Number and Nature of A/c
1	2	3	4

11. PAN Number of the Firm _____

12. We keep our account in language and scrip in _____

Place :

Date :

Signature of Applicant

Designation & Seal

13. Introduced By (Registered Transporter or any Responsible Person) _____

FOR OFFICE USE ONLY

Date of Registration : Day _____ Month _____ Year _____

Registration Number : _____

Amount of Security Paid : (Rs.) _____

Bank Scroll No. : _____ Date _____

Remarks, if any _____