

FORM-I

Application for grant of Sales Tax Clearance Certificate

(To be submitted in duplicate)

1. Name and address of the applicant:
2. Status and relationship of the person who make this application with respect to the business (i.e. Manager/proprietor/Partner/ Director of the business)
3. The Sales Tax Circle/Circles in which the applicant is assessed to tax
4. Registration Number and date of issue.
5. Whether interested in individual or fiduciary capacity in any Company, Firm, Association of persons carrying on business in Orissa or in course of Inter-State trade and if so name and place of the concern to be given.
6. Date from which assessed to tax
7. The amount of outstanding dues (out of the amount shown under item-7) covered by stay order:

Quarter/s Amount No.and date of stay order.

8. Whether the attachment or certificate proceedings pending in respect of the arrears

The above statements are true to the best of my/our knowledge and belief.

Date..... Signature of the applicant

Certified that the dealer has paid up the arrears dues (not covered by stay) up to the quarter ending on This certificate will remain valid for the year form the date of issue.

Place..... Assistant Commissioner/

Date..... Sales Tax Officer