[See Rule 16(1)]

Application for Amendment in the Registration Certificate

a. Please read the instructions carefully before filling b. All the entries should be filled in capital letters) Registration Number TIN [1. Name of Business Date of change 2. Change in Name of Business New Name of Business 3. Change in Principal Place of Business Date of change New Address of Pricipal Place of Business Bldg. No/ Name/Area Town/City District (State) Pin Code Email Id Telephone Number(s) FAX No. 4. New Additional Place(s) of Business Date of change [Others Godown Type (Tick One) Factory Branch If other please specify New Address of Pricipal Place of Business Bldg. No/ Name/Area Town/City District (State) Pin Code Email Id Telephone Number(s) FAX No. 5. Change in principal items dealt with Date of change [Additional Items (Attach seperate sheet, if required) Code 2. Code 3. Code 4. Code Code Code_ Deletion of Items (Attach seperate sheet, if required) Code Code 3. Code 4. Code Code 6 Code Modification of Items (Attach seperate sheet, if required) _Code_ Code 4. Code Code Code 6. Code 6. Closure of Additional Place(s) of Business Date of closure Factory Type (Tick One) Godown Branch Others If other please specify New Address of Pricipal Place of Business Bldg. No/ Name/Area Town/City District (State) Pin Code Telephone Number(s) FAX No. 7. Acquisition of Business Date of acquisition Name of business

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8.	Sale or disposal of E	Business	in par	t		Da	ite of d	lisposa																
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	2. Father's / Husband's		Щ	Щ	Щ	Щ																		
	3. Age 4. St	atus _			Ш		Ш	Ш																
11	. Change in particula bers of the governing directors / Karta / To (attach further sheets, A. Particulars-	ng body/ rustees/	autho	orised	d sign	atory	, and p	particu	ılars d	of inco	oming p	artne												
	1. Full Name																							
	2. Father's / Husband's	s Name																						
	3. Age 4. St	atus						5	. exten	t of in	terest %													
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	7.Telephone no.	F	TT	Ħ	$\overline{\Pi}$	ΪÏ	8	. PAN (if any)															
	9. Details (incl addre interest	ess) of all i	mmova	able pi	operty	/ own	ed by or	r in whic	ch the p	persor	n has inte	erest/	joint											
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	10. Name & Address of	of witness																						
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	B.Changes propos	_	parti	cular					her bi	usine	ss (es)	, if ar	ny.											
		_	parti	cular					her b	usine	ss (es)	, if ar	ny.											

12. Complete Address of other business																																				
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13.	R.	C.N	0[Ι									Ι				1	4.	С	ST	R	.C.	Ν	lo]
15. Nature of interest in the business 16. extent of interest																																				
C. /	C. Any other change(s) not covered in A and B above.																																			
_																																				
Date : Place :							Name of Person : Status :										Signature																			
Verification																																				
I certify that the above information and its attachments (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed.																																				
Date Place	-	-														ne tus	-	Р	ers	108	า	:			S	ign	atı	ure	е							

Instructions:

- The application should be filed in duplicate.
 This Form should be verified and signed by.

- a. Proprietor, in case of Proprietorship concern.
 b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.

 c. Managing Director or authorized signatory, in case of a Company.

 - d. Karta, in case of Hindu Undivided Family.
 - e. Authorised Signatory, in all other cases
- 3. Enclose supporting documents.