

**MEGHALAYA VALUE ADDED TAX, 2005.**

**FORM – 14**

**(See Rule - 29)**

**Application For Registration Of Transporter/  
Carrier/Transporting Agent**

Affix  
passport size  
Photograph

**Write clearly in black ink and use CAPITAL LETTERS**

01. Name and style with full postal address of the transporter, carrier or transporting agent with Telephone number, if any

02. Name, designation and address of the principal officer or manager in charge of the affairs of the business.

03. Location of the principal office/place of business: -

(i) Name of the building, if any:

(ii) Name of the owner of the building:

(iii) Municipal Holding No.:

(iv) Ward No.:

(v) Name of the road/street:

(vi) Name of the town:

(vii) Post office:

(viii) Police station:

(ix) District:

04. Location of branches/other places of business  
(a separate sheet may be enclosed, if necessary):

<b>Particulars</b>	<b>Branch I</b>	<b>Branch II</b>	<b>Branch III</b>
(i) Name of the building, if any			
(ii) Name of owner of the building			
(iii) Municipal Holding No.			
(iv) Ward No.			
(v) Name of the road/street			
(vi) Name of the town			
(vii) Post Office			
(viii) Police Station			
(ix) District			

05. Location of godowns/warehouses  
(attach separate sheet, if necessary)  
(a) For principal office

Name of the principal office	Location of Godowns		
	Godown I	Godown II	Godown III

- (b) For branch(es)

Name of the principal office	Location of Godowns		
	Godown I	Godown II	Godown III

06. Date of commence of business.

07. Whether it is a proprietorship business/  
partnership/business/company/co-operative  
society/club/association of persons/H.U.F/  
Govt. Department public Sector Undertaking  
etc. (give full details with registration  
Number etc.)

08. Name(s) and address(es) of the Proprietor/  
Partners/Directors/Members/Karta/Head of Office  
etc.

Sl. No	Name	Father's Name	Designation	Age	Permanent Address	Present Address	Signature
1.							
2.							
3.							
4.							
5.							

09. Permanent Account Number Or GIR Number  
under the Indian Income Tax Act, if any, with  
name of the office, circle/ward etc., where  
Income Tax assessment is made.

10. Details of bankers, with following Particulars: -

Sl. No	Name and address of the Bank branch	In whose name the account stands	Whether saving or current account	Account Number

11. Full Address of the head office, if situated Meghalaya: -

12. The language in which books of accounts are maintained: -

13. The accounting year followed by the applicant: -

14. Full address of the place where the books of accounts are kept: -

*I hereby solemnly declare that the above statements are true to the best of my knowledge and belief.*

**Place** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Name in full** \_\_\_\_\_

**Status** \_\_\_\_\_

Tax Office			
Date of Registration	D	M	Y
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration Refund (for recorded on file) Received by: -			