



4. Type of licence applied for New / Renewal  
Dealership (Please tick where appropriate)

5. Full name and permanent address of the Proprietor/partners/directors (Attach additional sheets wherever required)

Name

Building Number

Building name

City 



 PIN

State

Tel.

Mobile

Fax

E-mail

6. Permanent Account Number (PAN)

(a) Sales tax registration (Attach self attested copy) 

General Sales Tax														
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of issue														
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place of issue														
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Central Sales Tax														
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of issue														
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place of issue														
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(b) Indicate whether the application is for renewal of the existing licence or for a new licence (Please tick where appropriate) ☐ Renewal ☐ New

---

(c) If for renewal, indicate  
licence number.

Date of issue

(d) Quantity and value of cardamom purchased and sold during the last three years

Year	Quantity (MT)	Value (in Lakhs)

(e) Details of fee remitted  
Amount  Rs.

(f) Mode of payment ☐ Cash ☐ Demand Draft

(g) Demand Draft No.  Date

Bank

(h) Source of purchase of cardamom (Please tick where appropriate)

☐ Auctioneer ☐ Grower ☐ Dealer

(i) Storage facilities

Address of godown

PIN

(j) Capacity of godown (MT)

### DECLARATION

I/We..... declare that the information given above are true to the best of my/our knowledge and belief and that I/We shall abide by the Cardamom (Licensing and Marketing) Rules, 1987, and any instructions given by the Board from time to time regarding the conduct of business.

Place:

Signature

Date:

Name

Designation

Note: Application not accompanied with prescribed fee will not be entertained.

C O N F I D E N T I A L

1. Name and address of Bankers :
2. Name of the Firm/Company and address :
3. Constitution : Individual/Jt. Hindu Family/Public Ltd. Co./ Others/Proprietorship/Partnership/Pvt. Ltd. Co.
4. Name of Proprietor/Partner/Partners/ Directors/Karta & Co. Owners of Joint Hindu Family :
5. Nature of Account : Savings/Current/Others
6. Banking Since : Year : No. of Years :
7. Business/Company established/ Incorporated on :
8. Other allied activities :
9. Nature of Business Activity :
10. If Limited Company : Authorised Capital Rs. ....  
Paid Up Capital Rs. ....
11. Means of Proprietor/Partners :
12. Name and address of Associated Concern of the firm :
13. Experience as to their dealings : GOOD/SATISFACTORY/UNSATISFACTORY

PLACE: SEAL  
DATE:

SIGNATURE :  
NAME :  
DESIGNATION :