Affix passport size photograph of Chief Executive Officer or the designated officer of the firm

FORM - A1 [See Rules 4(1) and 5(4)]

## APPLICATION FOR ISSUE / RENEWAL OF LICENCE FOR DEALER OF CARDAMOM

1. N	Tame of the Person/ <i>Firm</i> (in blo	ock letters)								
2.	Address of principal / register	red office								
	Building Number.									
	Building Name									
	Street									
	City		PIN I							
	State									
	Tel.									
	Mobile									
	Fax									
	E-mail									
3.	Status (Please tick where appropriate)	Proprietorship  Hindu Joint Family  Partnership  Co-operative Society  Others specify	Private Limited Company  Public Limited Company  Public Sector (Central Government)  Public Sector (State Government)							

4.	Type of licence applied for Dealership (Please tick wher appropriate)	New / Renewal										
5.	Full name and permanent add wherever required)	dress of the Proprietor/partners/directors (Attach additional sheets										
	Name											
	Building Number											
	Building name											
	City	PIN 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 applicat the existing licence or for a n tick where appropriate)											

(c)	If for renewal, indicate		_					_								_	<del></del>		_	
	licence number.																		上	
	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.		<u> </u>	T		1					T								
(f)	Mode of payment		] C:	ash									 Den	nand	ł D	raft				
(g)	Demand Draft No.							Τ	_		, 		Date						$\neg$	
(8)	Demand Draft No.												Dan	´ L						
(h) i)	Source of purchase of cardan  Auctioneer  Storage facilities			irow					1		Ĺ	D	eale	r						
,	Address of godown		Т					Γ					П			Т	$\neg$		Т	
										<u> </u>										
												PIN	1 [						$\prod$	
(j)	Capacity of godown (MT)																			-
				DE	CLA	<b>AR</b> A	ATI(	ΟN												
giv Ca	Weven above are true to the best ardamom (Licensing and Mark ne to time regarding the condu	of m	y/o g) R	ur k ules	now s, 19	led	ge a	nd	bel	ief	and	l tha	t I/W	le s	hal	l ab	ide 1	by tl	he	
Place	:							Si	gna	ture	e									
Date:									ame esig		ion									

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

## To be filled by the Banker

## CONFIDENTIAL

1.	Name and address of Bankers		:		
2.	Name of the Firm/Company address	and	:		
3.	Constitution		:		ndu Family/Public Ltd. Co./ orship/Partnership/Pvt. Ltd.
4.	Name of Proprietor/Partner/Directors/Karta & Co. Owne Hindu Family		:		
5.	Nature of Account		:	Savings/Current	/Others
6.	Banking Since		:	Year: N	o. of Years :
7.	Business/Company establis Incorporated on	hed/	:		
8.	Other allied activities		:		
9.	Nature of Business Activity		:		
10.	If Limited Company		:	Authorised Capi	tal Rs
				Paid Up Capital	Rs
11.	Means of Proprietor/Partner	'S	:		
12.	Name and address of Assoc	ciated	:		
13.	Experience as to their dealing	ngs	:	GOOD/SATISFA	CTORY/UNSATISFACTORY
	PLACE: S DAT E:	SEAL		NAN	NATURE : IE : IGNATION :