

Form RF-03

(See Rule 19 of the Arunachal Pradesh Goods Tax Rules, 2005)

Application for Cancellation of Registration under Arunachal Pradesh Goods Tax Act, 2005

<p>Checklist of Supporting Documents</p> <p>Please tick as applicable</p> <p>Mandatory Documents</p> <p><input type="checkbox"/> Certificate of registration issued to the dealer</p>	<p>Supporting Documents</p> <p><input type="checkbox"/> Proof of discontinuance of business</p> <p><input type="checkbox"/> Proof of closure of incorporated body</p> <p><input type="checkbox"/> Proof of death of sole proprietor</p> <p><input type="checkbox"/> Proof of dissolution of firm</p> <p><input type="checkbox"/> Proof that the dealer has ceased to be liable to pay tax</p> <p>Others, please specify _____</p>
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Reasons for Rejection (For Office Use Only)

<p>Please tick as applicable</p> <p><input type="checkbox"/> Not attached Mandatory Support Document(s) _____</p> <p><input type="checkbox"/> Other _____</p>
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Please attach your tax return for the period ending on the effective date for cancellation of your registration. Please remember that if you are registered under the CST, you will have to file a separate application for the purpose of cancellation of CST Registration.

1. Registration Number _____
2. Full Name of Applicant Dealer _____
3. Trade Name _____
4. Reason for Cancellation *Tick one*

<input type="checkbox"/> Discontinuance of business	<input type="checkbox"/> Closure of incorporated body
<input type="checkbox"/> Death of sole proprietor	<input type="checkbox"/> Dissolution of firm
<input type="checkbox"/> Has ceased to be liable to pay tax	<input type="checkbox"/> Others, please specify _____
5. Effective date of Cancellation _____
Date of the above event DD / MM / YYYY
6. Details of any government dues _____
7. Particulars of Stock as on date the date of filing the application for cancellation with value of goods

S.No.	Description of goods	Quantity	Purchase Value (in Rs.)	VAT charged thereon	Input tax credit claimed	Total (in Rs.)	Fair Market value on date of cancellation of registration	Rate of VAT	Total VAT due (in Rs.)

Verification :

I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____

Name _____

Designation _____

Place _____

Date _____