

Form WA-04

(See Rule 25 of the Arunachal Pradesh Goods Tax Rules, 2005)

Application for Cancellation of Approval Certificate 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 Approval issued to the Warehouse</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 Warehouse has cleared all dues to the department</p> <p>Others, please specify _____</p>
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Reasons for Rejection (For Office Use Only)

Please tick as applicable

Not attached Mandatory Support Document(s) _____

Other _____

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. Approval Certificate Number _____
2. Full Name of Applicant Warehouse _____
3. Trade Name _____
4. Reason for Cancellation

<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"/> Others, please specify _____	

Tick one
5. Effective date of Cancellation

Date of the above event ____ / ____ / ____

DD / MM / YYYY
6. Details of any government dues _____

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 _____