Fact Sheet

(To be filled in by the Dealer)

(Please fill the proforma in capital letters with one character in the space provided)

1. GST Number of the dealer

						-					

2. CST Number of the dealer

						-					

3. Name and style of the business:

4. Constitution of firm (Please put tick mark) :

Individual		Partner		Pvt. Ltd.		Co-operative Society		HUF		Govt. Deptt.		Govt. Undertaking	

5. Details of each member of firm with complete address:

6. Principal Place of Business with complete address:

7. Nature of Business (Please put tick mark)

Manufacturer		Trader		Trader Wholesaler		Contractor		Wholesaler-retailer both	

8. Commodity in which dealing under VAT (in brief, broader classification)

9. PAN No.

10. Mobile No.

11.Landline

12. Date of liability in GST:

Day		Month		Year			

13. Date **of liability in CST (for CST dealers only**

Day		Month		Year			

14. Date of validity in GST:

Day		Month		Year			

15. Date of validity in CST (for CST dealers only):

Day		Month		Year			

16. Particulars of Securities/ Sureties:-

(a) Securities:-

Sr. No.	Nature of Securities	Amount in Rs.	Date of maturity	Name and address of the Bank/ post office
1.				
2.				
3.				
4.				

(b) Sureties:-

Sr. No.	Name & Address of Sureties	Amount in Rs.	Date of Sureties	VAT & CST number
1.				
2.				
3.				

17.. Particulars of such dealers in which the applicant has stood as surety:

Sr. No.	Name and address of the dealer	VAT & CST Number of the dealer	Amount of Surety
1.			
2.			
3.			
4.			
5.			
6.			

18. Particulars of immoveable property of the firm/individual members:

Sr. No.	Name of the owner	Description of the prosperity	Address where property is situated	Approximate value of the property	Share percentage
1.					
2.					
3.					
4.					

19. Classes of goods allowed (for CST dealers only):

(a) For Sale

(b) For use in manufacturer or processing of goods for sale:

(c) for use in mining

(d) For use in packing of goods for sale/ re-sale

20. Goods being manufactured (In case of manufacturer only)

21. Accounting period (please tick)

(a) Financial year ☐ **(b) Calendar year** ☐ **(c) Any other (may be specified)** ☐

22. (a)Additional places of business in Himachal Pradesh

Sr. No.	Name of Place	Complete address	Particulars of godowns (if any)
1.			
2.			
3.			

(b)Additional places of business in other States

Sr. No.	Name of State	Complete address
1.		
2.		

Signature of the dealer along with full particulars
(Only authorized signatory should sign)