Government of Arunachal Pradesh Department of Goods Tax

Application for Cancellation of Approval Certificate under Arunachal Pradesh Goods Tax Act, 2005 (See Rule 25 of the Arunachal Pradesh Goods Tax Rules, 2005) Form WA-03

| Checklist of Supporting Documents | Supp | Supporting Documents | | |
|---|--|--|--|--|
| Please tick as applicable | | Proof of discontinuance of business | | |
| Mandatory Documents | O Pro | Proof of closure of incorporated body Proof of death of sole proprietor | | |
| Certificate of Approval issued to the | Proof of death of sole proprietor | | | |
| Warehouse | O Proof of dissolution of firm | | | |
| | O Proof that the Warehouse has cleared all dues to the | | | |
| | 1 | partment | | |
| | Others | rs, please specify | | |
| Reasons for Rejection | on (For Office II | Ise Only) | | |
| Please tick as applicable | ni (i oi oinee o | ose Omy) | | |
| Not attached Mandatory Support Document(s)Other | | | | |
| Please attach your tax return for the period ending on the eremember that if you are registered under the CST, you we cancellation of CST Registration. | | | | |
| 1. Approval Certificate Number | | | | |
| 2. Full Name of Applicant Warehouse | | | | |
| 3. Trade Name | | | | |
| 4. Reason for Cancellation | ODiscontinuar | nce of business Closure of incorporated boo | | |
| Tick one | ODeath of sole | e proprietor ODissolution of firm | | |
| | Others, pleas | se specify | | |
| 5. Effective date of Cancellation | | | | |
| Date of the above event | DD / MM / Y | YYYY | | |
| 6. Details of any government dues | | | | |
| Verification : | | | | |
| ○ I/ ○ We | | hereby solemnly affirm and declare that t | | |
| information given in this form and its attachments (if any) | is true and corre | rect to the best of my/our knowledge and belief and | | |
| nothing has been concealed therefrom. | | | | |
| | | | | |
| | | Signature of Authorised Signatory | | |
| Place | Name | | | |
| Date | Designation | | | |