

FORM "L"

[Rule 2-A(2)/Section 4-B(1)]

(Uttar Pradesh Dookan Aur Vanijya Adhishtan Niyamavali, 1963)

Application for registration-Statement of facts

1. Name of the Shop/Commercial Establishment.
2. Location and Postal Address.
3. Full name of the owner, including father's/husband's Name and his/her residential address.
4. Full name of the manager, if any, including his father's/husband's name and his/her residential address.
5. Names of the partner(s), if any, and the residential address of each (if a partnership concern).
6. Nature of business.
7. Date of commencement of business.
8. Names of members of owner's family employed in the shops/commercial establishment.

No.	Relationship
Male	
Female	
Young persons	
Total	

9. Names of employees :
 - (1) in managerial, confidential and supervisory capacity.
 - (2) Others number of
10. Total number of employees.

No.

Male
Female
Young persons
Total

11. Previous Registration Certificate Number (Certificate to be attached to this application).
12. Year for which renewal is required.
13. Details of remittance [enclose Treasury Challan obtained from Treasury or Indian Postal Order (Crossed) or Bank Draft (Crossed)].

Name of Treasury of Post Office or Bank	Treasury Challan/Indian Postal Order (Crossed)/Bank Draft (Crossed) No. –Date–	Amount paid by way of		
		Fee	Penalty	Total
1	2	3	4	5

I hereby declare that the details given above are correct to the best of my knowledge and belief.

Place

Date

Signature of the Owner.