Annexure-II

(To be attached with form VAT-1)

Details of additional places of business

Sr. No.	Complete Address	Use of premises Telephone factory/godown/officer/sale Number outlet/any other (to be specified)

VERIFICATION

The above details are true and complete to the best of my knowledge and belief and nothing has been concealed therefrom. I further declare that I shall inform the appropriate Assessing Authority whenever there is a change in the information provided in this Annexure.

Place	1.	Signature
		Full name
Date		Status
	2.	
	3.	