

DECLARATION FORM FOR ACES

- 1 . Name of Registered Assessee : _____
- 2 . STC (15 digit PAN based Service Tax Code / Registration No.) : _____
- 3 . Division : _____
- 4 . Group No. : _____
- 5 . Correct and valid email id for official correspondence. : _____
- 6 . Repeat email id : _____
- 7 . Constitution of your Firm i.e. : (1) Proprietorship
[Please tick any one of the (2) Partnership
appropriate constitution of your (3) Registered Public Limited Company
firm / company] (4) Registered Private Limited Company
(5) Registered Trust
(6) Society
(7) Co-operative Society
(8) Others
- 8 . Contact Person Name : _____
- 9 . Contact Phone Number : _____

Declaration

I, _____ hereby declare the I am duly authorized by M/s _____
_____ to sign this declaration and the contents of this declaration are true and correct.

Signature

Name

Designation

Date