

FORM 'A'

(See clause 4)

FORM OF APPLICATION TO OBTAIN DEALER'S LICENCE

**To,
The Registering Authority,**

Asst. DA (Admin) Ranaghat

1.(a) Full name and address of the applicant:

Name and postal address: ASHIT KUMAR BISWAS

Name of the concern ASHIT KUMAR BISWAS

(b) Place of business(Please give exact address)

(a) For Sale

Jl no : 49
Dag no : 4110
Khatian no : 304
Road : ARANGHATA RANAGHAT
Mouza : Arangghata Narayanpur
Block : RANAGHAT - II
Subdivision : Ranaghat
District : Nadia
State : West Bengal

(b) For Storage :

Name : SHOP SEED
Jl no : 49
Dag no : 4110
Khatian no : 304
Road : ARANGHATA RANAGHAT ROAD
Mouza : Arangghata Narayanpur
Block : RANAGHAT - II
Subdivision : Ranaghat
District : Nadia
State : West Bengal

2. Is it a proprietary/partnership/Limited Company/Hindu undivided family concern? Give the Name(s) and address(es) of proprietor/partner/Manager/Karta.

Proprietary firm

3. In what capacity the application is being made Proprietor

4.

Place: _____ Dated : ___/___/___

Signature of Applicant