Total Number of		Date of	Details of fee Treasury	Date or	ress
employees		renewal	renewal Indian Postal Order inspection		
			(Crossed) / Bank Draft		
Male Fem	nale young		(Crossed) Amount No.		
	Persons		and date.		
14 15	16	17	18	19	

FORM "L"

[See Rule 2-A (2) / Section 4-B (1)]
[Uttar Pradesh Dookan Aur Vanijya Adhishthan 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 manger, if any, including his father's husband's name and his/her residential address.
- 5. Name 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 shop/commercial establishment.

		No.	Relationship
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- 9. Names of employees:
 - (1) managerial, confidential and supervisory capacity.
 - (2) other (category wise)
- 10. Total number of employees.

No).

- 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)].

me of Treasury or Treasury Challan/Indian Postal Post Office or Bank order (crossed) / Bank Draft			Amount paid by way of		
-	(crossed) No Date		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.

Signature of the Owner.

FORM "M"

[[See Rule 2-A (2) / Section 4-B (3)]

[Uttar Pradesh Dookan Aur Vanijya Adhishthan Niyamavali, 1963)

Application registration of shop or commercial Establishment

- 1. Name of the shop or commercial establishment.
- 2. Full postal address and location.
- 3. Name of the owner.
- 4. Nature of business.
- 5. Number of employees.
- 6. Registration number.