



**TO BE COLLECTED  
FROM  
VAT DEPARTMENT**

Applicant's Particulars

Reg. No.: \_\_\_\_\_

Name of Registered Person or Co.: \_\_\_\_\_

Address: \_\_\_\_\_

Economic Activity: \_\_\_\_\_

Telephone No. of Applicant: \_\_\_\_\_

No. of Receipt Books Required: \_\_\_\_\_

Latest Date Required: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only

Number of Receipt Books Supplied: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

I.D. No: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_