

**FORM 3**

[See Rule 5]

**ADDITIONAL PLACES OF BUSINESS ADDRESS DETAILS**

Provisional

Document Control No.

TIN

Name of the Applicant

Sur –name

Given Name

Name :	
Number & Street	
Area or Locality	
Village/Town/City	
District	
PIN Code	
Tel No:	

Name :	
Number & Street	
Area or Locality	
Village/Town/City	
District	
PIN Code	
Tel No:	

Signature: .....

Status: .....

Date: .....

**FOR OFFICIAL USE ONLY**

Date Received:

LVO Code

Authorising Officer Code:

LVO Description returned by the system

Description returned by the

System.