FORM 709
(See rule 75)

Authority Legal Practitioner, Chartered Accountant, Cost Accountant or Sales Tax Practitioner under Section 82 of the Maharashtra Value Added Tax Act, 2002.

I, ___________________________ who am/is* ___________________________ of ** ___________________________ who is a Registered dealer holding a Registration Certificate No. __________ dated __________ hereby appoint Shri ______________ who is a ________________________ (**Legal Practitioner/Chartered Accountant/Cost Accountant/Sales Tax Practitioner / to attend on my behalf/behalf of the before __________ (state the Sales Tax Authority) in the proceedings __________ (describe the proceedings) before the said ______________ (state the Sales Tax Authority) and to produce accounts and documents and to receive on my behalf/behalf of the said ______________ any notice or document issued in connection with the said proceedings and to take all necessary steps in the said proceedings. The said Shri. ______________ is also hereby authorised to act on my behalf/behalf of the said ______________ in the said proceedings.

I agree/the said ______________ agrees upon to ratify all acts done by said Shri ______________ in pursuance of this Authority.

Place: ____________                                           Signature:  ____________
Date : _____________                                   Status     :  ____________

*State here status such as Proprietor, Partner, Director, Manager, Secretary or Officer-in-Charge.
**State here the name of the dealer as entered in the Certificate of Registration.
***Strike out whichever is not applicable.

Acceptance

I, ___________________________ do hereby state that
(a) *I am a Legal Practitioner duly enrolled with the Bar Council of Maharashtra Holding Membership No. __________.
(b) *A Chartered Accountant holding membership No. __________ of Institute of Chartered Accountants of India.
(c) *A cost Accountant duly enrolled with Institute of Cost Accountants of India holding Roll No. __________
(d) *A Sales Tax Practitioner duly enrolled with the Commissioner of Sales Tax holding Roll No. __________
and I accept aforesaid appointment.

*Strike out whichever is not applicable.

Place: ____________                                           Signature :  ____________
Date : _____________                                   Status     :  ____________

Membership No:  ___________