

FORM-I

[See sub-rule (2) of rule 3]

Report of Financial Establishment on commencing its Business in the State of West Bengal.

To
The Director,
Competent Authority.

1. Name of the Financial Establishment:
2. Name and address of Registering Authority:
3. Registration /Incorporation Number with date:
4. State in detail about the authority to carry on such business:
5. Name of the State in which the Financial Establishment is registered:
6. Full address:
 - (i) Registered Office, PIN No., Phone No.
 - (ii) Main Branch Office (if any):

7. Name, address (present & permanent) and PAN number of every Person * responsible for management of affairs of the Financial Establishment:
 - (1) Sri
 - (2) Sri

8. ** Number of Branches/Offices:

9. Name(s) of the Financial Establishment's Auditor and address:

10. Name(s) of the Financial Establishment's Banker(s) Name and addresses:

11. Name, address (present & permanent) and designation of the person looking after financial matters of the Financial Establishment:

Certified that the particulars/ information furnished in the report have been verified and found to be correct and complete in all respects.

Date:
Place:

Signature of Manager/Managing
Director/authorised official
Name:
Designation:

*If more than two persons are responsible for the management affairs of the Financial Establishment they may give a list showing name and address appending to this Form.

** A list showing the names and address of the place(s) where the Branch Office(s) of the Financial Establishment is/are situated should be enclosed.