

1[FORM XIV A

[See Rule 22(1)]

**Application for obtaining authorisation for working as a Recovery Agent under the
Maharashtra State Tax on Professions, Trades, Callings and Employments Act,
1975.**

To

The Commissioner of Profession Tax,

Maharashtra State, Mumbai.

Sir,

I, the undersigned Shri/Smt.

.....

(Surname) (Name) (Father's/Husban's Name)

hereby apply for obtaining authorisation for working as a recovery agent under the
Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975
(Man. XVI of 1975).

My particulars are as under:--

- (1) Name in Full
- (2) Address :--
- (a) Flat/Block No./Room No.
- (b) Road/Street/Lane
- (c) Area/Locality
- (d) Town/City/District
- (e) Pin Code
- (f) Telephone No. (if any, with STD Code).
- (3) Experience of working as Small Saving Agent. Details of
- Registration/Enrolment, etc., with the Director of Small Savings.
- (4) Enrolment No. under the Maharashtra State Tax on Professions,
- Trades, Callings and Employments Act. 1975 (Mah. XVI of 1975).
- (5) Permanent Account No. or GIR No. under the Indian Income Tax Act,
- 1961.
- (6) Details of Security furnished.

I hereby state that I shall follow the provisions of the law and rules framed by th
Government and the instructions given by the Profession Tax Authorities, whi
discharging my duties as a recovery agent.

Place :
full.

Signature and Name in

Date :

VERIFICATION

I, Shri/Smt. hereby declare tha whatever is stated above is true to the best of my knowledge and belief.

Verified this (date) day of (month) (year), at (place).

1. Form XIVA and XIVB inserted by G.N. No. PFT. 11.01/C.R. 25/Taxation-23, dated 30-3-2002.

Signature and Name in full.

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Received application for authorization to work as recovery agent from Shri/Smt. on.....(date) at (place)

Office Stamp and Signature of the Receiver.