

# FORM - D

(See sub rule (1) of rule (6))

## APPLICATION FOR RENEWAL OF REGISTRATION

To

The Registering Authority, Shops and Establishments

(here specify the area and address)

Sir

I beg to apply for renewal of my certificate of registration No. which is enclosed, particulars about the shop/ establishment are furnished in the statement below :

2. Amount of fees Rs. .... (Rupees.....)paid  
in Treasury Challan No ..... date .....enclosed in original.

### STATEMENT

1. Name of the shop / establishment if any.
2. Postal address and exact location of the shop establishment.
3. Previous registration certificate No. (The certificate is to be enclosed to this application.)
4. Period for which renewal is required.
5. Exact location of office storeroom godown. warehouse, or work place if any attached to shop out situated in premises different from these of shop / establishment :
6. Name of shop keeper / employer  
(including Father's name and full postal address) :
7. Name of owner and full postal address :
8. Name of Manager, if any and his residential address :
9. Name of partners and there residential address :  
.....
10. Names and residential address of Directors :  
(if a limited company)

- 11 Category of establishment i.e. whether a shops commercial establishment, residential hotel, restaurant, eating house, theatre, cinema or other place of public amusment or entertainment.
- 12 Nature of business
- 13 Date of commencement of business.
- 14 Name of members of owner's family employed in the shop / establishment, who live with the owner and are dependent on him her relationship.

|         |               |       |
|---------|---------------|-------|
| Adults  | Young persons | Total |
| Males   |               |       |
| Females | Total         |       |

- 15. i) Name of other persons employed in a managerial or confidential capacity.
- ii) As a traveller, canvaser messenger watchman or caretaker and
- iii) exclaively in cennnection with the customs examination, collection despatch delivery or conveyance of goods form or to booking office for transport by rail road of air docks, whatever or airports (indicate sex and ago in case of young person).
- 16. Total number of employes

|         |               |       |
|---------|---------------|-------|
| Adults  | Young persons | Total |
| Males   |               |       |
| Females | Total         |       |

17. Declaration of weekly closing days (in the case of a shop or commercial establishment)  
 I hereby declare that the above information is true to the best of any knowledge and belief.

Yours faithfully

Date

Signature of Shop-Keeper / employer

**Note :** 1. Item 3 should be filled only when the office store room etc. are not sedarately registered under the Act. In respect of such store - rooms etc not seperately registered, particulare required under item 14, 15, 16 should be given seperately for each office, storeroom etc.  
 2. If any item is not applicable, enter "not applicable".