

2. Address of the business premises:

Unit No.	<input type="text"/>	Complex (If applicable)	<input type="text"/>
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Street No.	<input type="text"/>	Street/ Farm Name	<input type="text"/>
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Suburb/ District	<input type="text"/>
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City/ Town	<input type="text"/>
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Pin Code	<input type="text"/>
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Registered Physical Address	<input type="text"/>
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Country (Full Name):	<input type="text"/>
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3. This certificate is issued incorporating the changes intimated by the applicant and the previous certificate of registration bearing Registration Number _____ issued on _____ stand cancelled.

Place:

Date:

*Name and Designation of the Central Excise
Official with official seal*

CC : (by e-mail) to the Pay and Accounts Officer (Commissionerate Name)";