

Address of the dealer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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: \_\_\_\_\_