Anti-Profiteering Application Form (APAF - 1)

[To be filed before Standing Committee/State level Screening Committee in terms of Rule 128 of CGST Rules, 2017]

A.	General information about the Applica	nt																						
A.1	Name		T					T		T	T	Ĭ	1	T	1	1	T	T	-	1	T		-	-
A.2	Address								1	+	1		1	+	+	-	+	+	+	-	+		+	
	***************************************									\vdash						+	+	+	+	-	-	\vdash	-	-
					T									+		1		+	+	+	-		+	
										-			1	+		+	+	+	+	+	-	H	+	-
115						N				1					+	1		+	+	-			1	+
A.3	Contact Number				100					T						+			+	1		+	+	-
A.4*	E-mail ID													1		1		+	+	-			+	
A.5	Proof of identity (Please Tick-V)	Aadhaar Card																						
	Voter ID Permanent Account Number (PAN) Card												+	90				+						
										N) Card														
	Driving Licence										-	_	(cn)			Aras N			+					
	Passport Ration Card having photograph of the applicant														300					-		+		
										-		-				_	+							
		ny other proof of Identity (Specify)																						
B.	General information about the Supplier who has not passed on the benefit																							
	Name	WHO MAS	Total	14330	Ju on	IIIC	Dene	int					-	_										
_	Address		-	-			-	-	-				-											
D.2	Addicas	+		+-		-	_	+	-						-									
				-		+	-	-					-											
			-	-				-				1	_											
			-	-	-	+	-	_	-															
B.3*	Contact Number			-		-	-	-					-										1	
	Particulars of Goods/Services										4	_												
						. 1						100												
	Description						let.		40															
	Earlier Price/Value per unit	₹																						
-	Present Price/Value per unit	₹																						
	Earlier MRP	₹																						
	Present MRP ₹																							
	Details of reduction in Tax Rate/ Benefit of Input Tax Credit (ITC) (Please Tick-√)													T	٧									
D.1	Whether the benefit of reduction in tax rate has been passed on (Please enclose evidence like copies of Invoice, Price List etc.).															\dashv	_	+	_	-				
I															Y	es			No					
D.2* \	Whether the benefit of ITC has been passed on (Please enclose evidence).																	+		-				
															Ye	es			No					
).3*# [Additional information, if any.														- Shippi			1		L				
No.																								

I hereby declare that the information furnished above is true to the best of my knowledge and that I have exercised due diligence in submitting such information. I understand that providing incomplete or incorrect information will make the application invalid.

Date:

Signature of the Applicant

Place:

- Note 1 Fill up the application form legibly in BLOCK LETTERS only.
- Note 2 Fields marked with asterisk (*) are optional.
- #Note 3 In case the applicant wants to keep his name and details confidential, please specify it.
- Note 4 Filled up application form is to be sent to the State level Screening Committee in case issue is of local nature and in other cases to the Standing Committee.
- Note 5 Contact details of Standing Committee on Anti-profiteering :

2nd Floor, Bhai Vir Singh Sahitya Sadan, Bhai Vir Singh Marg, Gole Market, New Delhi-110 001. Tel No.: 011-23741537

Fax. No.: 23741542, E-mail: anti-profiteering@gov.in

Contact details of State Screening Committee on Anti-profiteering:

Contact details of State Screening Committee on Anti-profiteering are available at URL: goo.gl/eYJXnK