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								-		1	1										—		- T		
A.1	Name									_	_											<u> </u>				
A.2	Address									_												┣				
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A.3 A.4*	Contact Number E-mail ID									_	-											┣—				_
		-																				L			_	
A.5	Proof of identity (Please Tick-V)			r Ca	rd																					
			Voter ID																							
			Permanent Account Number (PAN) Card																							
			Driving Licence																							
	Passport Ration Card having photograph of the applican																									
											applio	cant														
									Specif	()																
B.	General information about the Supplie	r who ha	is no	ot pa	asse	d on	the	bei	nefit																	
B.1	Name																									
B.2	Address																									
B.3*	Contact Number																									
C.	Particulars of Goods/Services																									
C.1	Description																									
C.2	Earlier Price/Value per unit	₹																								
C.3	Present Price/Value per unit	₹																								
C.4	Earlier MRP	₹																								
C.5	Present MRP	ıt MRP ₹																								
D.	Details of reduction in Tax Rate/ Benel	Benefit of Input Tax Credit (ITC) (Please Tick- $$)										v														
D.1	Whether the benefit of reduction in tax rate has been passed on (Please enclose evidence like copies of Invoice, Price														2			1								
2.1	List etc.).														5	Y	es			No	•					
	Whether the benefit of ITC has been pass	ed on (Pl	ease	enc	lose	evi	lenc	e)																		
D.2*	whence the othern of the has been passed on (i lease enclose evidence).														Y	es			No	•						
D.2*																				-						

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:

Place:

Signature of the Applicant

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