



GOVERNMENT OF INDIA
CENTRAL BOARD OF EXCISE AND CUSTOMS
Ministry of Finance - Department of Revenue



FORM ST-1

[Application form for registration under Section 69 of The Finance Act,1994(32 of 1994)]

Application Date: 30/08/2013

IDENTIFICATION OF BUSINESS REQUIRING REGISTRATION

Name of Applicant : SIBEENA BENNY, proprietress: HOLIDAY SHOP

Address of the Applicant : FLAT NO.H4, SIVAJI SAPPHIRE, JAWAHAR NAGAR, KOWDIAR PO,
TRIVANDRUM-695003,KERALA

Details of Permanent Account Number(PAN) of the applicant

PAN Status : Allotted

PAN : AIRPB8144P

Name of the Applicant(as appearing in PAN) : SIBEENA BENNY

Constitution Of applicant : Proprietorship

Government Department Type : -

Name of Trustee/Proprietor/HUF : SIBEENA BENNY

Category of Registrant : Service Provider

Nature of registration : Registration of a single premise

Taxable services provided : Tour operator services, Business auxiliary service

ADDRESS OF PREMISES FOR WHICH REGISTRATION IS SOUGHT

Name Of Premises/Building : THENGUM THARAYIL
PLAZA

Flat / Door / Block No : FIRST
FLOOR,T.C.9/885-1

Road / Street / Lane :

Village / Area / Lane : VELLA YAMBALAM -
SASTHAMANGALAM
ROAD

Block / Taluk / Sub-Division /
Town : SASTHAMANGALAM

Post Office : SASTHAMANGALAM

City / District : THIRUVANANTHAPURAM

State / Union Territory : KERALA

PIN : 695010

Phone Number : 0471-2312028

Mobile Number :

Fax Number-1 :

Fax Number 2 :

Email Address : benny@holidaysshop.org.in

Commissionerate : THIRUVANANTHAPURAM
NEW

Division : THIRUVANANTHAPURA
M NORTH DIVISION
NEW

Range : PATTOM RANGE (TH0504)

Premises Code :

NAME, DESIGNATION AND ADDRESS OF AUTHORIZED SIGNATORIES

Name : SIBEENA BENNY

Designation : Proprietor

Address : FLAT NO.H4, SIVAJI SAPPHIRE, JAWAHAR NAGAR, KOWDIAR PO, TRIVANDRUM-695003,
KERALA

Phone Number : 9846022899

Email Address : benny@holidaysshop.org.in

Declaration

I, SIBEENA BENNY, hereby declare that the information given in this application form is true, correct and complete in every respect and that I am authorised to sign on behalf of the Registrant.

(a) For new Registration : I would like to receive the Registration Certificate by mail/by hand/E-MAIL

(b) For amendments to information pertaining to existing Registrant : Date from which amendments are made:

Date : 30/08/2013