

Name : \_\_\_\_\_

Address : \_\_\_\_\_

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

## FORM 709

[ See rule 75 ]

### Authority for 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

\_\_\_\_\_ 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 \_\_\_\_\_ 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  
\_\_\_\_\_ 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 The Institute of Chartered  
Accountants of India.

(c) \* A cost Accountant duly enrolled with The Institute of Cost Accountants of India holding Roll No.  
\_\_\_\_\_

(d) \* A Sales Tax Practitioner duly enrolled with the The Commissioner of Sales Tax holding Roll No.  
\_\_\_\_\_

and I accept aforesaid appointment.

Place : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Status : \_\_\_\_\_

Membership No. : \_\_\_\_\_

\* Strike out whichever is not applicable.