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 Applicant																								
A.1	Name																								
A.2	Address																								
A.3	Contact Number																								
A.4*	E-mail ID																								
A.5	Proof of identity (Please Tick-V)	Aadhaar Card																							
	Voter ID Permanent Account Number (PAN) Card																								
		Driving Licence Passport																							
		Ration Card having photograph of the applicant																							
	Any other proof of Identity (Specify)																								
В.	General information about the Supplier wh	o ha	s no	ot pa	asse	d o	n th	e be	nefi	t															
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	₹																							
D.	Details of reduction in Tax Rate/ Benefit of											_									ν	′			٧
D.1	Whether the benefit of reduction in tax rate has been passed on (Please enclose evidence like copies of Invoice, Price													•	Y	es			No						
	List etc.).																								
D.2*	Whether the benefit of ITC has been passed or	n (Pl	ease	enc	lose	evi	den	ce).											Y	es			No		
D.3*#	Additional information, if any.																								
	-																								

Declaration:

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