## PRE- & MATCH DAY CLEANING-APPLICATION FORM

1	Name & Address of the licensee	
2	Name & Address of the unit	
3	Registration/License number	
	(attach copy)	
4	Contact numbers	
5	E mail ID	
6	PAN number	
	(attach copy)	
7	GST Number (attach copy)	
8	Details of filing Income Tax Returns for the preceding two financial years	
	Previous experience doing similar work if	
9	any.( enclose proof)	
	Amount without GST	
	•	

6		
	PAN number	
	(attach copy)	
7	GST Number	
	(attach copy)	
8	Details of filing Income Tax Returns for the	
	preceding two financial years	
	Previous experience doing similar work if	
9	any.( enclose proof)	
10	Amount without GST	
1111	ereby declare that the above details and true	and correct.
Na	me:-	
	me:- ;nature:-	
Sig		