

## గ్రామ - వార్డు సచివాలయము అంధ్రప్రదేశ్ ప్రభుత్వం



## REFUND OF TRADE DEPOSITS TO DEALERS IN CASE OF RESIGNATION OF DEALER APPLICATION FORM

Applicant Details:-				
Aadhar Number:				
Applicant Name*:		Father/Husband Name	·:	
District*:	Mandal*:Village/Ward*:			
Locality/Landmark:		Door No:		Pin code:
Ration Card No:	Mobile Number*:			
Email Id:				
Service Specific Detai	<u>ls</u> :-			
FP Shop Number*:	Aut	thorization Issued Date (I	DD/MM/YYYY) *	·:
Period of Validity*:	Date of	Acceptance Resignation	(DD/MM/YYYY)	*:
Remittance Particulars of Tra	de Deposit*:			
District*:	Mandal*:		Village*:	
Locality/Landmark:		Door No:		Pin code:
<b>Informant Details:</b> -				
Informant Name*:		Relationship with	the Applicant*	i
Mobile No.*:	Email I	ID:		
Delivery Type*: ☐ At Kiosk ☐	] Post Local ☐ Post Non-Lo	ocal		
Postal Details:-				
State*:		District*:	Mand	dal*:
Village/Ward*:	Locality/Landmark:	Door No	o:	Pin code:
Mobile No*:	P	Phone No:		
Documents List: - (NOTE	: All Upload Documents shoul	d be in PDF Format only and	d the size should n	ot exceed 3MB)
☐ Application Form *				
☐ Acceptance proceedings is	sued by the RDO *			
☐ Authorization proceedings	issued by the RDO *			
(* Indicatos Mandatory)				