

Annexure-6

{see rule 8(2)}

Application Form for Registration of Agencies responsible for AMC of lift or escalator

(To be submitted to the Director, Electrical Safety, UP)

1	Details of the Agency responsible for AMC	
	(a)	Name
	(b)	Legal Status (whether company or partnership firm or anything else) and its incorporation details like registration number with the competent authority and date thereof
	(c)	Registered office address
		Nearest operational address
	(d)	Name and designation of the contact person
	(e)	Alternate name and designation of contact person
	(f)	Mobile Number of the contact person
	(g)	Mobile Number of the alternate contact person
	(h)	Toll-free number if any
	(i)	Mail-id
	(j)	GST Number
	(k)	PAN
2	Details of the authorized person making this application on behalf of the Agency responsible for AMC	
	(a)	Name
	(b)	Address
	(c)	Name and designation
	(d)	Mobile Number
	(e)	Mail-id
4	(a)	Whether it is first time registration
	(b)	If yes, the details of fee payment
5	(a)	Whether it is renewal of registration
	(b)	The Registration Number
	(c)	The date till which the last registration is valid for
	(d)	Whether the renewal has been applied before the previous

	registration expires	
(e)	The details of fee payment	
6	A Declaration on notarized affidavit by the undersignee that the information provided as above is true to his knowledge and nothing has been concealed.	

Signature of the authorized person
of the Agency responsible for
AMC with date