## Form DVAT 09

## (See Rule 16 of the DVAT Rules, 2005) Application for Cancellation of Registration under DVAT Act,

Please attach your tax return for the tax period in which the effective date of cancellation of your registration falls. Please remember that if you are registered under the Central Sales Tax Act, your will have to file a separate application for the purpose of cancellation of that registration.

1. Registration No.

2. Full name of Applicant Dealer (For individuals, provide in order of first name, middle name, surname)

3. Trade Name (If any)

4. Reason Cancellation ☑ one	for (Tick as	Discontinuance of business	Closure of incorporated body		
		Death of Proprietor	Dissolution of firm		
applicable)		Has ceased to be liable to pay tax	Conter , please Specify		

5. Date from which registration under Delhi VAT	//
Act, 2004 is to be cancelled	

6. Where the dealer has accounted for turnover on the	Description	(Rs.)
basis of amounts received and amounts paid.	(i) Amount not yet received in respect of sales made.	
	(ii) Amounts not yet paid in respect of purchaser made	

7. Amount payable in respect of all goods held on the date of cancellation of registration.

Rs.

(Complete annexure to furnish details of stock and calculation of amount payable under section 23 (1) of the Act)

Verification.

I/We \_\_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory Full Name (First name, middle, surname) Designation

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

## Form DAVT 09 : Annexure

Particulars of stock as on the date of cancellation of registration

Details of stock of all goods held on the date of cancellation of registration.

S. No.	Tax Invoice Date	Tax Invoice No.	Descriptio n of Goods	Purchas e Price (Rs.)	Fair market Value (Rs.)	Tax Credit previousl y claimed (Rs.)	Rate of tax u/s 4 of the Act	Output Tax (Rs.)
					(A)	(R3.) (B)	(C)	(D=AxC)
		Т	otal					
Higher of	total of colu	mn B and (	Column D	(carry to	field 7 or m	ain form)		
Thighler of				(ourry to				
Verification. I/We hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.								
Signature of Authorised Signatory								

\_\_\_\_\_

 

 Full Name (First name, middle, surname)

Designation

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