Form DVAT 07 - Cover Page

(See Rule 15 of the Daman and Diu Value Added Tax Rules, 2005)

Application for Amendment in Particulars subsequent to Registration under Daman and Diu Value Added Tax Regulation, 2005

Checklist of Supporting Documents

Please tick as applicable **Mandatory Supporting Documents** Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same) Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of registration under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory Proof of identity of authorised signatory signing the Registration Application Form Two self addressed envelopes (Without stamps) In case of a dealer applying for registration and simultaneously opting for payment of tax under composition scheme, please attach application in Form DVAT 01 along with this application ☐ Proof of Security **Optional Supporting Documents (For reduction in Security Amount)** ☐ Proof of ownership of principle place of business Proof of ownership of residential property by proprietor/ managing partner Copy of passport of proprietor/ managing partner Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) Reasons for Rejection (For Office Use Only) Please tick as applicable Not attached Mandatory Supporting Document(s)

Form DVAT 07

(See Rule 15 of the Daman and Diu Value Added Tax Rules, 2005)

Application for Amendment(s) in Particulars subsequent to Registration under Daman and Diu Value Added Tax Regulation, 2005

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C. Amend	ment summary																							
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	Others, please specify																							

5. Type of Registration	Tick ☑ one		Mandat	ory						1	olun	tary					
5A. Opting for composition scheme un	nder section	16(2) of t	he Regula	ation?		Ticl	k 🗹	one		1	'es				No		
() IT ()																	
6. Annual Turnover Category	Tick ☑ one		Less th	nan Rs.	5 la	cs) I	Rs. 5	lacs	or abo	ove			
(c) Turnover in preceding finar	ncial year			Rs.													
(d) Expected turnover in the cu	-	ial year		Rs.													
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7. Date from which liable for registra	ition under	Daman and	l Diu Val	lue Add	ed T	Гах											
Regulation, 2005												<u>/</u>			<u>/</u>		
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8. Permanent Account Number of the	applicant d	ealer (PAN	1)			T											
9. Registration number under Centra	l Excise Act	t (if applic	able)														
10. Principle Place of Business	Building	Name/ Nu	mber														
	Area/ Roa	ad															
	Locality/																
	Pin Code														1	1	
	Email Id Telephon	e Number			+												
	Fax Num																
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11. Address for service of notice	Building Area/ Roa	Name/ Nu	mber														
(If different from principle place of business)	Locality/																-
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12. Number of additional places of bus		or outside	e the state	e				_			Warel	ouse	2				
(also please complete Annexure II))								ctor	y							-
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		ress of Bar	ık														
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15. Description of top 5 items	you deal or propose to deal i	n		Desc	cription of item	š			
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16. Accounting Basis		Tick	🗹 one		Accrual		1 Casl	1	
17. Frequency of filing of retu than Rs. 5 crores in the p	urns (to be filled in by the decreteding year) Tick on	aler whose tur			Monthly		Q ua	rterly	
18. Security		t of Security	Rs						
(for modification, please com Annexure IV)					T 1.1		,		-
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19. Number of persons having (also please complete Ann	g interest in business								
(uiso pieuse compiete Anni	exui e 1)								
20. Name of Manager									
	First Name		Middle N	lame		Sui	rname	!!	
21. Name of Authorised	First Name		Middle N	Jame		Sui	rname	<u> </u>	
Signatory*	1 1130 1 (4111)		1/1144101						
* Please complete Annexure III									
22. Verification			1 00 1		1 . 1 . 6				
I/We true and correct to the best of	my/our knowledge and belief	f and nothing l	nly affirm and has been conce	declare taled then	that the informatefrom.	tion gi	ven here	inabove	1S
Signature of Authorised Signa	ntory								
Full Name									
Designation									
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Place		1	1 1 1		1 1 1				1
Date Day	Month Year								
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Form DVAT 07: Annexure I

Passport sized (signed) photograph of person

Amendment of existing particulars / addition of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business

Nature of change (tick ☑ as applicable)			Add	lition				1	Delet	ion				Ame	ndm	ent			
Date of change (mm/dd/yy)																			
 In case of amendments of existing poor other fields should be left blank or s In case of deletion of a person, plead in case of addition of a new person, 	struck ou se fill in	ut. Fiel	'ds 1,	2 & .	3 onl	'y		3 and	l ther	reafte	r only	tho:	se fie	elds th	nat ai	re to	be an	nend	ed. A
Full Name of Applicant Dealer																		T	
(For individuals, provide in order of first name, middle name, surname)																			
2. Registration No*.																			
3. Full Name of Person																		Ι	
(Provide in order of first name, middle name, surname)																			
4. Date of birth /	/					5	. Gei	nder (tick &	₫one)		l N	1ale) F	emal	e	
6. Father's / Husband's name																			
		First	Nan	ne			N	liddle	e Nar	ne				,	Surna	ame			
7. PAN :							8.	Pass	port l	No.							L		
9. E-mail address																			
(If different from principle place of	Building Area/ Ro Locality/	ad		umbe	r														
РТ	Pin Code Telephon Fax Num	e ne Nu		r															
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(If different from residential address) I P T	Building Area/ Ro Locality/ Pin Code Telephon	ad Mar e ne Nu	ket		r														

12. Verifica	ation							h	ereb	v sol	emnl	v af	firm a	and d	leclai	re th	at t'	he in	forr	nati	ion s	zivei	n her	eina¹	bove	is
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Signature o	f Authoris	ed Sig	gnatory																							
Full Name	(first nan	ıe, mi	ddle, su	ırname,)	_																				
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Place																										
Date		/		/																						
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Form DVAT 07: Annexure II

Details of additions / closure / amendment in particulars of additional places of business (Please complete all details in full for all cases of additions, closures, amendments in particulars)

Full Name of Applicant Dealer												1		T					1
(For individuals, provide in order of first		-		-	₩								+-						-
name, middle name, surname)																			
			1	1				1		1	1	1							
2. Registration No.																			٦
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3. Details of Additional Places of Busi	ness			(attac	ch addi	tional	shee	s if re	equire	d)									
Type Godown / Warehous	.e		Fa	ctory			Г	<u> </u>	Shop					Oth	er nls	nce of	f busi	necc	
Nature of change (tick ☑ as applicate		T <u>-</u>							Addi				_				ousi	11033	
Date of change (mm/dd/yy)		╛	Clo	osure			'	_	Adai	tion			_	Am	endm	ient			
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	Local	ity/ Ma	ırket																
		Vumber																	
	Date	of estal	olishr	nent				/			/								
						D	ay		Mo	onth			Y	ear					
State local sales tax/V																			
(if place of business is	situated	outside	Dama	in and	Diu)														
Type Godown / Warehous	se		Fac	ctory			Ţ]	Shop					Oth	er pla	ice of	f busi	ness	
Nature of change (tick ☑ as applicate	ole)		Clo	osure				<u> </u>	Addi	tion					endm				
Date of change (mm/dd/yy)																			
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		Jumber									<u> </u>		<u> </u>						
	Date	of estal	olishr	nent				/			/								
						D	ay		Mo	onth	<u> </u>		Y	ear					
	State local sales tax/VAT/CST registration number (if place of business is situated outside Daman and Diu)																		

Type Godown / Warehou	se 🗖 Factory			Shop					Oth	er pla	ace of	f busi	ness	
Nature of change (tick ☑ as applica	ble)			Addit	ion				Am	endm	nent			
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	Date of establishment		- /	L.		/		* 7						
		Day	<u> </u>	Mo	nth			Ye	ear					
	VAT/CST registration number													
(if place of business i	s situated outside Daman and Diu)													
Type Godown / Warehou				Shop					Oth	er pla	ace o	f busi	ness	
Nature of change (tick ☑ as applicable) ☐ Closure ☐ Addition ☐ Amendment Date of change (mm/dd/yy) Address Building Name/ Number ☐ Image: Building Name/ Number														
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Address			<u> </u>											
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Signature of Authorised Signatory														
Full Name (first name, middle, surne	ame)													
Designation														
Place														T
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Data /	,													
Date / Month	/ Year													

Form DVAT 07: Annexure III

Addition / Deletions / Amendments in Particulars of the authorised signatory

Nature of change (tick ☑ as applicab	ole)	Addition		Deletion		Amendment
Date of change (mm/dd/yy)						
(In case of amendments of existing)		olease fill in Fie	elds 1, 2 & 3	and thereafte	er only those j	Tields that are to be amended.
other fields should be left blank o						
• (in case of addition of a new pers	son, please com	plete the Form	in full)			
Full Name of Applicant Dealer						
(For individuals, provide in order of first						
name, middle name, surname)						
2. Registration No.						
3. Name of Authorised Signatory						
(Provide in order of first name, middle name, surname)						
,,						
4. Date of birth /	/		5. Gende	er (tick 🛮 one)	☐ Male	e Female
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6. Father's / Husband's name	 					
6. Father 87 Husband 8 hame	First	t Name	Mid	dle Name		Surname
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7. PAN :			Q Dα	ssport No.		
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9. E-mail address			1 1		1 1 1	
9. E-mail address						
10. Residential Address	Building Nan	ne/ Number				
(If different from principle place of	Area/ Road					
business)	Locality/ Mai	rket				
	Pin Code					
	Telephone Nu	umber				
	Fax Number					
11. Permanent Address	Building Nan	ne/ Number				
(If different from residential address)	Area/ Road					
	Locality/ Mai	rket				
	Pin Code	b		+		
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12. Declaratio	n																						
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Signature of A	uthorised Si	ignatory																					
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L	Day	Month]		Year]																

Form DVAT 07: Annexure IV

Calculation of Modified Security

2 Proof of ownership of residential property by proprietor/ managing partner 10,00 3 Copy of passport of proprietor/ managing partner 5,00 4 Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department 5,00 5 Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)	A. Pro	escribed	Securi	ty Aı	noun	t																		(Rs)						50,000
Proof of ownership of principle place of business 15,00 Proof of ownership of residential property by proprietor/ managing partner 10,00 Copy of passport of proprietor/ managing partner 5,00 Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department 5,00 Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) 5,00 Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) 2,50 Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business and for the address specified as the main place of business and for the address specified as the main place of business and for the address specified as the name of the business and for the address specified as the name of the business and for the address specified as the name of the business a	B. Rec	duction	sought	(Max	kimun	n re	duct	tion a	avail	able	e Rs.	. 25,0	000)								Ti		plica	ıble	items	s	R	eba	te (Rs
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G. Additional Security (a) Amount of Security (b) Type of Security (c) Date of expiry of Security Day 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										ate													<i>(</i> D)	- TEX			-			
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Instructions for filling Form DVAT 07: (For details please refer to Section 21 and Rule 15)

- 1. Please remember to fill in your registration number at all places provided
- 2. Please note that the following supporting documents, if applicable, have to be submitted along with the amendment application:
 - (i) Proof of change in the name of the business.
 - (ii) Proof of change in the principal/ other places of business.
 - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
 - (iv) Proof of change in constitution of the business.
- 3. Please note that this form has to be verified and signed by the following:
 - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to Regulation on his behalf;
 - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
 - (iii) in the case of a company or local authority, by the principal officer thereof;
 - (iv) in the case of a firm, by any partner thereof, not being a minor;
 - (v) in the case of any other association, by any member of the association or persons;
 - (vi) in the case of a trust, by the trustee or any trustee; and
 - (vii) in the case of an other person, by some person competent to Regulation on his behalf.
- 4. In case any Annexure is not applicable, please strike off the same and write 'Not Applicable' on the face of the said Annexure.