

FORM - 1

See Rule-4(1)

Application for Registration of VAT/CoT

New Registration

Amend Registration

1. TIN

2. Document Control No.

Part - "A" (VRN Allocation)

Sur Name

Given Name

3 Name of the Applicant*

4 Trading Name*

Business Address :

5 Number & Street

6 Area or Locality

7 Village / Town/City

8 District

9 PIN Code

Contact Numbers :

10 Telephone *

11 Mobile *

12 Fax *

13 Email *

14 Business Status

15 Father's/
Husband's Name

16 PAN

17 Date of Birth or F)

18 Sex (M

19 Speciment Signature *:

1.

2.

3.

2" X 2"

20

Latest
Photograph

Part - "B (VRN Allocation)

Residential Address :

- 21 Number & Street
- 22 Area or Locality
- 23 Village / Town/City
- 24 District 25 State
- 26 PIN Code 27 Country
- 28 Name of the Statutory Authority * 29 Number
(see attached notes)

Business Details

- 30 KST Number : 31 Type of Business*
- 32 1st Major Commodity Traded/Manufactured 33 Code : CTD to complete
- 34 2nd Major Commodity Traded/Manufactured 35 Code : CTD to complete
- 36 Date of commencement of business*
- 37 Tick one of : 38 Turnover Amount
• Turnover for the last Financial Year
• Taxable Turnover for a year
• Taxable Turnover for the month
- 39 Do you wish to apply for/continue registration under CST act ? Yes No.
- 40 Do you wish to register for VAT or Composition TAX ? * VAT : CoT :

Additional Information : Tick each box where relevant else leave blank

41. Do you use computerised accounts * ?	42. Are you a regular importer * ?	43. Are you a regular Exporter * ?	44. Will you make exempt sales ? *
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bank Details

45 Bank & Branch

46 Bank Code

47 Account Number

Note :

If additional places of business, godowns etc. Complete **Form 5a** for details

If a Partnership : Complete **Form 5b** for Partner Details

If others can sign on your behalf Complete **Form 5c** for authorized signatory

Affidavit :

I apply for registration under VAT and declare that the details furnished above are true and correct to the best of my knowledge/

I am aware that there are penalties for making false declarations :

48 Name *

Signature : Status : 49 Date :

Part "C" Official Use Only :

50 Date of Receipt : 51 Reg Type

52 VAT or CoT ? 53 EDR

54 Local VAT Office (LVO) code Description

Security Deposit Type :

55 (blank if none) 56 Amount

57 Drawn On

58 Expiry Date

59 Free Format text box for notes:
.....

60 Processed by :

Officer Code :

VAT 3

See Rule 4(iv)

Amendment of VAT/CoT Registration Details

New Reg_{is}tration

Amend Reg_{is}tration

1 TIN

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14 Business Status

15 Father's/
Husband's Name

16 PAN

17 Date of Birth

18 Sex (M or F)

19 Speciment Signature *:

4.

5.

6.

2"

20

2" X

Latest
Photograph

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22 Area or Locality

23 Village / Town/City

24 District

25 State

26 PIN Code

27 Country

28 Name of the Statutory Authority * (see attached notes)

29 Number

Business Details

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31 1st Major Commodity Traded/Manufactured

32 Code : CTD to complete

33 2nd Major Commodity Traded/Manufactured

34 Code : CTD to complete

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• Taxable Turnover for a year
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57 Expiry Date

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59 Processed by : Officer Code :