THE KERALA VALUE ADDED TAX RULES, 2005

FORM No.1A

SARAL APPLICATION FOR REGISTRATION OF PRESUMPTIVE TAX DEALER UNDER SECTION u/s 15 of the KVAT, 2003.

[See Rule 16(7)]

То							
The Registering Authority							
VAT OFFICE							
ADDRESS							
I/WeSon/Daughter ofresiding at							
2. I/We agree to abide by the terms and conditions of the Registration, which may be imposed							
from time to time. I/We also agree to abide by all the provisions of the KVAT Act, the Rules made there under and any orders issued there under.							
4. I/We understand that the scheme of Presumptive tax payment is applicable only if the total							
turnover of any assessment year is not more than Rs. 50 lakhs. In case I/We cross the turnover							
limit of Rs. 50 lakhs, the fact will be intimated to the assessing authority within one month of							
the happening of such event.							
4. I/We declare that to the best of my/our knowledge and							
belief the information furnished herein is true and complete.							
Place: Signature of the applicant							
Date:							
ACKNOWLEDGEMENT							
Received an application for registration in Form No.1A from							

Date:

Schedule

1	Name and full postal address of the dealer
	(specify Trade name, Ward no., Bldg. No., Street name,
	Telephone, PAN, ID Card No. of the C.T. Dept.
2	Name and address of the Manager, if appointed
3	Name and full postal address of all other places of business in
	the State with building no. ward no., street name etc.
4	Complete list and full address of all godowns in the State with
	building no. ward no., street name etc
5	Full description of goods purchased locally and
	sold/disposed.
6	Date of commencement of business (applicable
	for new applicants
7	Status of the applicant (specify whether Individual,
	Firm, Company, Society etc.

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Sl	Name	Age and	Present	Income	Signature	Name, address and
No.		Date of	Residential	Tax		signature of
		Birth	Address	PAN		witness attesting
			with Pin	&		the signature
			code and	Details		
			Ph. No	of		
				Identity		
				Cards		
				like		
				I.D.		
				Card of		
				C.T.		
				Dept.		

9	Particulars of Registration Certificate/TIN	
	held before the submission of this application	
10	Total turnover of the year(s) preceding to which is the	
	application is submitted	

11	Actual turnover for the year upto the submission of the	
	application.	
12	Particulars of payments of Registration fee for the principal	
	place of business and/or additional places of business	

Place:

Date:

Name, address, and signature of the person signing with status and relationship to the dealer (Here state whether proprietor, partner, director,

P/A holder etc)

(For official use by the Registering Authority)

- 1. Date of receipt of Application.
- 2. Nature of order passed by the assessing authority in the application
- 3. Registration certificate No. and date, if any issued.
- 4. Date of issue of registration certificate.

Signature of the Registering Authority with date