

**THE MEGHALAYA VALUE ADDED TAX RULES, 2005**

**FORM - 1**

**(See Rule - 18)**

**APPLICATION FOR REGISTRATION**

**Write clearly in black ink and use CAPITAL LETTERS**

Read instructions enclosed before completing this form  
Use separate sheet where space is not sufficient.

Affix passport size photo  
of Sole Proprietor /Partner/  
Director/ Person  
responsible

To  
The Superintendent of Taxes,  
VAT Registering Authority

\_\_\_\_\_ Circle

**01. Name of the Applicant:**

Surname												
	Middle											
Name	First Name											

**02. Sex :** Male / Female

**03. Father's Name / Husband Name**

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**04. Present Address of the applicant:**

Room / Flat No.												
Premesis No. & street												
City / Town												
District (Mandatory)												
PinCode No.												
Municipal / Local Body												





**17.** Complete list of ware-houses/godowns in the State with addresses & telephone Numbers

**First Warehouse**

i. Address 


ii. Telephone 

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 Numbers

**Second Warehouse**

i. Address 


ii. Telephone 

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 Numbers

**18.** Dealer's Factory Details

i) Address 


ii) Telephone 

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 Numbers

iii) Date of commencement of production 

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Log Date 

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**19.** Nature of Business 

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**20.** Names of goods dealt in  
If 01, please specify the name of the commodity or commodities 

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If 13, please specify the name of the commodity or commodities 

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22. PAN / TAN of the Firm under the Income Tax Act, 1979 (if any):

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23. Registration Number under Central Excise and Tariff Act, 1985 (if any)

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24. Accounts maintained in:

25. Accounting Year:  to

26. Are your Accounts Computerised :  Yes/No

27. Date of commencement of Sale of Taxable goods :

28. Registration No. under the CST Act (if any) :

29. Have you an on-going business or a new business? :

30. If you have on-going business, what was your Turnover of Taxable goods during;

(a) the last 3 months

(b) the last 12 months

31. If it is a new business, what is the Anticipated turnover of Taxable goods in:-

(a) the next 3 months

(b) the next 12 months

32. Anticipated turnover of sales of Exempted goods in the next 12 months:

33. (a) Describe your business activity below

Please tick	
Manufacturing [ ]	Leasing [ ]
Processing [ ]	Hire Purchase [ ]
Wholesaling [ ]	Export [ ]
	Hotel/Catering [ ]
Retailing [ ]	Service [ ]
Agriculture [ ]	
Horticulture [ ]	
Mining [ ]	
Works contract [ ]	Others [ ]
	[ ]

(b) Goods to be incorporated in the Certificate of Registration:-

(i) Class or classes of taxable goods purchased or intended to be purchased for resale in Meghalaya.

(ii) Class or classes of goods manufactured or processed for sale.

(iii) Class or Classes of goods purchased or intended to be purchased for use directly in manufacture of taxable goods, including containers or other packing materials, in Meghalaya for sale in Meghalaya.

(iv) Name of goods purchased for use as raw-materials in manufacturing or processing from places out-side Meghalaya.

34. I am not liable to be registered but I want to be registered.

Answer this question only if you have not yet reached the registration limit but want to be registered on a voluntary basis.

I want to be registered from \_\_\_\_\_

I, \_\_\_\_\_ do hereby declare that the above statements are true to the best of my knowledge and belief. I undertake to notify immediately to the registering authority in the Commercial Taxes Department of change in any of the above particulars.

Date \_\_\_\_\_

Signature

Status \_\_\_\_\_