

# Form VAT-1

[See rule 3(2)]

## Application for Registration

1 Name of the applicant \_\_\_\_\_

2 Trade name in which business is carried on (if different from name of applicant)

3 Type of registration  VAT  VAT (Voluntary)  TOT  
(Obligatory)

Tick as applicable

4 Expected Turnover in the current financial year  Rs 25 lacs or above  Less than Rs 25 lacs but greater than Rs 5 lacs

Tick one

5 Date from which liable to tax \_\_\_\_\_  
DD / MM / YYYY

6 Constitution of business  Proprietors  Private Ltd.  Government Company

Tick one

Partnership  Public Ltd.  Government Corporation  
 HUF  Society/ Club/ Trust  Central / State Government

Others, please specify \_\_\_\_\_  
(Please fill details about persons having interest in business in **Annexure I**)

7 Nature of business  Manufacture  Distribution  Wholesale  
 Retail  Export  Import

Tick all applicable

Works Contract  Leasing  
 Others, please specify \_\_\_\_\_

8 List of principal goods manufactured / sold \_\_\_\_\_

9 Permanent Account Number (PAN), if available \_\_\_\_\_

10 Registration number under Central Excise Act (if applicable) \_\_\_\_\_

11 Main operating bank account Bank name: \_\_\_\_\_ Address: \_\_\_\_\_  
Account No: \_\_\_\_\_

12 Address of Principal place of business in Punjab

Building Name/ Number \_\_\_\_\_  
Area/ Road \_\_\_\_\_  
City \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Email Id \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
Fax Number(s) \_\_\_\_\_

13 Number of places of business in India		Within State (Nos. only)	Outside state (Nos. only)
(attach details about places of business)	Factories	_____	_____
	Godowns/ Warehouses	_____	_____
	Branches	_____	_____
	Shops/ Retail outlets	_____	_____

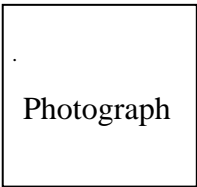
including that of other Others (Please specify) \_\_\_\_\_  
places of business in \_\_\_\_\_  
Punjab

14 Total no. of enclosures

**Verification**

I certify that the information given in this form and its attachments (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature  
Full name of authorized  
representative  
Designation  
Date  
Place



## Annexure I

### Particulars of person(s) with interest in business

1. Name of the Business \_\_\_\_\_
2. Full Name \_\_\_\_\_
3. Fathers / Husbands Full Name \_\_\_\_\_
4. Date of Birth (in case of minors) \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**DD / MM / YYYY**
5. Gender  Male  Female

**Tick as applicable**

6. Principal Place of Business  
Building Name/ Number \_\_\_\_\_  
Area/ Road \_\_\_\_\_  
City \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Email Id \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
Fax Number(s) \_\_\_\_\_
7. Permanent Residential Address  
Building Name/ Number \_\_\_\_\_  
Area/ Road \_\_\_\_\_  
City \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Email Id \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
Fax Number(s) \_\_\_\_\_

8. Status and extent of interest in business      Status \_\_\_\_\_      % \_\_\_\_\_

9. Particulars of interest in any other business (es) within Punjab, if any.

Name of other business	Complete Address of other business	VRN/TRN	CST Registration No	Nature and extent of interest in the business
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10. Particulars of all immovable property owned by or in which the person has any interest

Description of property	Full address of the property	Nature and extent of interest in the property
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### Verification

I certify that the information given in this form is true and correct to the best of my knowledge and belief and nothing has been concealed. I further declare that I shall inform the department whenever there is a change in the information provided above

Signature \_\_\_\_\_  
Full name of the person \_\_\_\_\_  
Designation \_\_\_\_\_  
Place \_\_\_\_\_  
Date \_\_\_\_\_

## Annexure II

### Particulars of places of business

1. Principal place of business

Building Name/ \_\_\_\_\_  
Number \_\_\_\_\_  
Area/ Road \_\_\_\_\_  
City \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Email Id \_\_\_\_\_  
Telephone \_\_\_\_\_  
Number(s) \_\_\_\_\_  
Fax Number(s) \_\_\_\_\_

2. State \_\_\_\_\_

3. Date of establishment \_\_\_\_\_

4. Type (Tick One)  Godown  Factory/ Industries  Shop/ Retail outlets  
 Office/Branch offices  Other (Please specify)

1. Additional places of business (If more than one, attach separate sheets)

Building Name/ \_\_\_\_\_  
Number \_\_\_\_\_  
Area/ Road \_\_\_\_\_  
City \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Email Id \_\_\_\_\_  
Telephone \_\_\_\_\_  
Number(s) \_\_\_\_\_  
Fax Number(s) \_\_\_\_\_

2. State \_\_\_\_\_

3. State local tax registration number (if State is other than Punjab) \_\_\_\_\_

4. Date of establishment \_\_\_\_\_

5. Type (Tick One)  Godown  Factory/ Industries  Shop/ Retail outlets  
 Office/ Branch offices  Other (Please specify)

### Verification

The above statement(s) are true and complete to the best of my knowledge and belief and nothing has been concealed. I further declare that I shall inform the department whenever there is a change in the information provided above

Signature \_\_\_\_\_

Full name of the person \_\_\_\_\_  
Designation \_\_\_\_\_  
Place \_\_\_\_\_  
Date \_\_\_\_\_

## Annexure III

### Particulars of authorized representative

1. Name of the Business \_\_\_\_\_
2. Place of business with address \_\_\_\_\_
3. Full Name of the Authorised  
representative \_\_\_\_\_
4. Designation \_\_\_\_\_
  
5. Permanent Residential Address  
Building Name/ \_\_\_\_\_  
Number \_\_\_\_\_  
Area/ Road \_\_\_\_\_  
City \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Email Id \_\_\_\_\_  
Telephone \_\_\_\_\_  
Number(s) \_\_\_\_\_  
Fax Number(s) \_\_\_\_\_
  
6. Date from which authorised to act as an authorised representative      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD / MM / YYYY

### Declaration

I/ We declare that the person named above is authorised to act as an authorised representative for the above referred business for which application for registration is being filed / is registered under Punjab VAT Act, 2005. His all actions in relation to this business will be binding on us.

### Signatories

Full Name	Signature	Status
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### Acceptance as an authorised representative

I, accept to act as an authorised representative for the above referred business.

Signature

Full name of the person	_____
Designation	_____
Place	_____
Date	_____