

**APPLICATION FOR VAT REGISTRATION**

[ See Rule 4 (1) ]

**FORM VAT 100**

Submit in duplicate

Use separate sheet where space is not sufficient.

Affix Passport Size  
Photo of  
Sole Proprietor.  
In case Partnership  
firm/Companies/others  
Affix photos of  
responsible persons  
on VAT 100B

To  
The Commercial Tax Officer,  
VAT Registering Authority,  
\_\_\_\_\_ Circle.

01. Name of the business to be registered:		
02. Address of Place of business:	Door No:	Street
	Locality	Town/City
	District	Pin Code
	Phone No:	Fax No:
	Email:	Website/URL:

03. Occupancy Status: Owned/Rented/Leased/Rent-free/Others

04. Name & Address of the Owner of business (Residential Address of the Person responsible ie., Managing Partner /Managing Director for business).	Name:	
	Date of Birth:	
	Door No.	Street
	Locality	Town/City
	District	Pin Code
	Phone No	Fax No.
	Email:	

05. Status of business: (Mark “ ✓ “ where applicable)

Sole Proprietorship  Partnership  Private Limited Co.,   
Public Ltd Company  Govt. Enterprise  Others (Specify)

06. Nature of Principal business activities:

07. Principal Commodities traded:

08. Bank Account Details:

Bank Name : Branch & Code Account No.

1.

2.

3.

09. Income Tax Permanent Account Number: (PAN)			
10. Address of additional places of business/ Branches/Godowns (including those outside A.P): Use form VAT 100A			
11. Particulars of owner/Partners/Directors etc.,: Use Form VAT 100B			
12. Language in which books are written:			
13. Are your accounts computerized:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
14. Date of first taxable sale	Date	Month	Year
15. Turnovers of taxable sales of goods including zero rate in: a) The last 3 months: Rs. b) The last 12 months: Rs.			
16. Anticipated turnovers of taxable sales of goods including zero rate in: a) The next 3 months Rs. b) The next 12 months Rs.			
17. Anticipated Turnover of exempted sales of goods and transactions in the next 12 months:			
18. Are you applying for voluntary registration:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
19. Are you applying for registration as Start up Business:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
20. Indicate your GRN Number, if any: Have you applied for CST Registration	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
21. Registration Number (if any Under Profession Tax Act:)			
22. Do you expect your input tax to regularly exceed your output tax? If yes Why ?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
23. Are you applying for registration in response to a notice by the Tax Officer ? If yes, indicate the Notice number.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
24. Any other relevant information like are you availing Tax incentives ? If so write details.			

Declaration:

I \_\_\_\_\_ S/o \_\_\_\_\_ Status \_\_\_\_\_

of the above enterprise hereby declare that the particulars given are correct and 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 of application

Signature with Stamp

**FOR OFFICE USE ONLY**

25. Date of receipt of application	
26. Activity/Commodity Code	
27. Exempt Indicator	
28. Voluntary Registration Indicator	
29. Start up Business Indicator	
30. CST Indicator	
31. Refund Indicator	
32. Works contract Indicator.	
33. Suo motu Registration Indicator.	
34. Special Rates – Schedule – VI goods Indicator	
35. Tax Incentives Indicator	
36. Date of issue of Registration Certificate	
37. Effective date of Registration	
38. Date of refusal of Registration	
39. Taxpayer Identification Number (TIN):	

**Processing Authority**  
**Name**  
**Designation**

**Registering Authority**  
**Name**  
**Designation**

**IMPORTANT:**

a) Copy of Proof of Identity of the sole proprietor / managing partner / managing director/ responsible person for the business like copy of passport, voter Identity card, Proof of bank account, Credit Card, Ration Card, Driving license etc., must be enclosed.

b) Please fill in and enclose Form VAT 100A and 100B if found necessary.

25 to 39 : For office use only.