

Form DVAT 07

(See Rule 15 of DVAT Rules, 2005)

Application for Amendment (s) in particulars subsequent to registration under DVAT Act, 2004

1. Registration number	
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2. Full name of Dealer (For individuals, provide in order of first name, middle name, surname)	
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C. Amendment Summary

(Please put field reference in which amendments are sought, date of amendment and reason for amendment(s), attach additional sheet if required)

Field Ref.	Date (mm/dd/yy)	Reason (s)

Please fill in only those fields that are to be amended. All other fields should be left blank or struck out)

1. Full name of Applicant Dealer (For individuals, provide in order of first name , middle name, surname)	
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2. Trade Name (If any)	
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3. Nature of Business (Tick <input checked="" type="checkbox"/> all applicable)	<input type="checkbox"/> Manufacture	<input type="checkbox"/> Trade	<input type="checkbox"/> Works Contractor	<input type="checkbox"/> Leasing	<input type="checkbox"/> Other (specify) _____
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4. Constitution of Business (Tick <input checked="" type="checkbox"/> one as applicable)	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Pvt Ltd Company	<input type="checkbox"/> Pub Sector Undertaking
	<input type="checkbox"/> Partnership	<input type="checkbox"/> GVT Company	<input type="checkbox"/> GVT Corporation
	<input type="checkbox"/> HUF	<input type="checkbox"/> Pub Ltd Company	<input type="checkbox"/> Gvt Dept/ Soc. Club/ Trust
	<input type="checkbox"/> Other, please specify		

5. Type of Registration Tick <input checked="" type="checkbox"/> one	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary
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5A. Opting for composition scheme under section 16(2) of the Act ? Tick <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Annual Turnover Category Tick <input checked="" type="checkbox"/> one	<input type="checkbox"/> Less than Rs.5 lacs	<input type="checkbox"/> Rs. 5 lacs or above
(a) Turnover in preceding financial year Rs.		
(b) Expected turnover in the current financial year Rs.		

RUSHABH INFOSOFT LTD.

7. Date from which liable for registration under Delhi VAT act, 2004	
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8. Permanent Account Number of the applicant dealer (PAN)	
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9. Registration number under central excise act (if appli)	
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10. Principal Place of Business	Building Name / Number	
	Area/ Road	
	Locality / market	
	Pin Code	
	Email ID	
	Telephone Number	
	Fax Number	

11. Address for service of notice (if different from principle place of business)	Building Name / Number	
	Area/ Road	
	Locality / market	
	Pin Code	
	Email ID	
	Telephone Number	
	Fax Number	

12. Number of additional places of business within or outside the state (also place complete annexure II)	Godown / Warehouse	
	Factory	
	Shop	
	Other place(s) of business	

13. Details of main Bank Account	Account Number																			
	MICR Number																			
	Name of Bank																			
	Address of Bank																			

14. Details of investment in the business (details should be current as on date of application)	Own Capital	Rs.																		
	Loans from Bank	Rs.																		
	Other loans and Borrowing	Rs.																		
	Plant & Machinery	Rs.																		
	Land & Building	Rs.																		
	Other Assets & investments	Rs.																		

15. Description of top 5 items you deal or propose to deal in (1 – highest volume to 5 lowest volume)		Description of items
	1	
	2	
	3	
	4	
	5	

16. Accounting Basis Tick Accrual Cash

17. Frequency of filing of returns (to be filled in by the dealer whose turnover is less than 5 crores in the preceding year) tick one if applicable. Monthly Quaterly

18. Security	(a) Amount of security	
	(b) Type of Security	
	(c) Date of expiry of Security	

19.	Number of persons having interest in business (also please complete annexure 1 for each such person)	
20.	Number of managers	
21.	Number of authorize signatories	

22. Name of Manager			
	First Name	Middle Name	Surname

23. Name of Authorised signatory			
	First Name	Middle Name	Surname

Please complete Annexure III

24. Verification.
 I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____
 Full Name (First name, middle, surname) _____
 Designation _____

Place : _____
 Date : _____

Form DVAT 07 : Annexure I

Passport Size
(signed)
photograph
of person

Amendment of existing particulars/ addition of person [proprietor/ karta/ partners/ directors in the business / members of executive committee of societies, clubs etc.] having interest in the business.

Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Amendment
Date of change (mm/dd/yy)			

- In case of amendments of existing particulars, please fill in fields 1,2 & 3 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out
- In case of deletion of a person, please fill in fields 1,2 & 3 only
- In case of addition of a new person, please complete the form in full.

1. Full name of Applicant Dealer (For individuals, provide in order of first name , middle name, surname)	
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2. Registration No.	
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This field is applicable when applying for amendment of registration in Form DVAT 07

3. Full name of person (For individuals, provide in order of first name , middle name, surname)	
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4. Date of Birth	__/__/____	5. Gender (Tick <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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6. Father 's / Husband's name			
	First Name	Middle Name	Surname

7. PAN		8. Passport No.	
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9. Email Address:	
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10. Residential Address (if different from principle place of business)	Building Name / Number Area/ Road Locality / market Pin Code Email ID Telephone Number Fax Number	
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11. Permanent Address (if different from principle place of business)	Building Name / Number Area/ Road Locality / market Pin Code Email ID Telephone Number Fax Number	
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12. Verification.	
I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.	
Signature of Authorised Signatory	_____
Full Name (First name, middle, surname)	_____
Designation	_____

Place : _____

Date : _____

Form DVAT 07: Annexure II

Details of additions / closure/ amendment in particulars of additional places of business (please complete all details in full for all cases of additions, closure, amendments in particulars)

1. Full name of Applicant Dealer (For individuals, provide in order of first name, middle name, surname)	
2. Registration No.	

This field is applicable when applying for amendment of registration in Form DVAT 07

3. Details of additional place of business (attach additional sheet if required)

Type	<input type="checkbox"/> Godown / Warehouse <input type="checkbox"/> Factory <input type="checkbox"/> Shop <input type="checkbox"/> Other place of business		
	Address	Building Name / Number	
		Area/ Road	
		Locality / market	
		Email ID	
		Telephone Number	
		Fax Number	
		Date of establishment	
	State local sales tax /VAT/ CST registration number		

(if place of business is situated outside Delhi)

Type	<input type="checkbox"/> Godown / Warehouse <input type="checkbox"/> Factory <input type="checkbox"/> Shop <input type="checkbox"/> Other place of business		
	Address	Building Name / Number	
		Area/ Road	
		Locality / market	
		Email ID	
		Telephone Number	
		Fax Number	
		Date of establishment	
	State local sales tax /VAT/ CST registration number		

(if place of business is situated outside Delhi)

Type	<input type="checkbox"/> Godown / Warehouse <input type="checkbox"/> Factory <input type="checkbox"/> Shop <input type="checkbox"/> Other place of business		
	Address	Building Name / Number	
		Area/ Road	
		Locality / market	
		Email ID	
		Telephone Number	
		Fax Number	
		Date of establishment	

State local sales tax /VAT/ CST registration number		
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(if place of business is situated outside Delhi)

Type Godown / Warehouse Factory Shop Other place of business

Address	Building Name / Number	
	Area/ Road	
	Locality / market	
	Email ID	
	Telephone Number	
	Fax Number	
	Date of establishment	
State local sales tax /VAT/ CST registration number		

(if place of business is situated outside Delhi)

4. Verification.

I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____

Full Name (First name, middle, surname) _____

Designation _____

Place : _____

Date : _____

Form DVAT 07 : Annexure III

Addition / Deletions / Amendments in particulars of the authorised signatory.

Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Amendment
Date of change (mm/dd/yy)			

- In case of amendments of existing particulars, please fill in fields 1,2 & 3 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out
- In case of deletion of a person, please fill in fields 1,2 & 3 only
- In case of addition of a new person, please complete the form in full.

1. Full name of Applicant Dealer (For individuals, provide in order of first name , middle name, surname)	
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2. Registration No.	
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This field is applicable when applying for amendment of registration in Form DVAT 07

3. Full name of person (For individuals, provide in order of first name , middle name, surname)	
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4. Date of Birth	__/__/____	5. Gender (Tick <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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6. Father 's / Husband's name			
	First Name	Middle Name	Surname

7. PAN		8. Passport No.	
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9. Email Address:	
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10. Residential Address (if different from principle place of business)	Building Name / Number Area/ Road Locality / market Pin Code Email ID Telephone Number Fax Number	
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11. Permanent Address (if different from principle place of business)	Building Name / Number Area/ Road Locality / market Pin Code Email ID Telephone Number Fax Number	
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12. Verification.	
I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.	
Signature of Authorised Signatory	_____
Full Name (First name, middle, surname)	_____

Designation _____

S. No.	Full Name (first name, Middle name, surname)	Designation	Signature

13. Acceptance as an authorized signatory

I _____ hereby solemnly accord my acceptance to act as authorized signatory for the above referred business and all my acts shall be binding on the business.

Signature of Authorised Signatory _____

Full Name (First name, middle, surname) _____

Designation _____

Place : _____

Date : _____

Form DVAT 07: Annexure IV

Calculation of Modified Security

A. Prescribed Security Amount (Rs)		1,00,000
B. Reduction sought (Maximum reduction available Rs. 50,000)		Rebate (Rs)
1	Proof of ownership of principle in of business	30,000
2	Proof of ownership of residential property by proprietor/ managing partner	20,000
3	Copy of passport of proprietor/ managing partner	10,000
4	Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department	10,000
5	Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration Rome)	10,000
6	Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)	5,000
C. Total Reductions allowed (Total of B1 to B6 as applicable, subject to maximum of Rs. 50000)		
D. Security to be furnished (A-C)		
E. Security already furnished and valid as on date		
F. Additional security (if any) to be furnished (D-E)		

G. Additional Security	(A) Amount of Security
	(B) Type of Security
	(C) Date of expiry of security

Verification.

I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____

Full Name (First name, middle, surname) _____

Designation _____

Place : _____

Date : _____

Instruction for filling Form DVAT 07: (For details please refer to section 21 and rule 15)

1. Please remember to fill in your registration number at all places provided
2. Please note that the following supporting documents, if applicable, have to be submitted along with the amendment application:
 - (i) Proof of change in the name of the business.
 - (ii) Proof of change in the principal/ other place of business.
 - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
 - (iv) Proof of change in constitution of the business.
3. Please note that this form has be verified and signed by the following.
 - (i) In the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorized by him in the behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf/
 - (ii) In case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of sucha family.

- (iii) In the case of a company or local authority by the principal officer thereof.
 - (iv) In the case of a firm, by any partner thereof, not being a minor,
 - (v) In the case of any other association, by any member of the association or persons.
 - (vi) In the case of a trust, by the trustee or any trustee and
 - (vii) In the case of an other person, by some person competent to act on his behalf.
4. In case any Annexure is not applicable, please strike of the same and write "Not Applicable" on the face of the said Annexure.