FORM-103

(See rule 11)
Application for cancellation registration Certificate Under Section 16 of The Maharashtra Value Added Tax Act, 2002

To

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Subject: Application cancellation of Registration Certificate under section 16 of The Maharashtra Value Added Tax Act, 2002

I, the undersigned hereby apply for the cancellation of Registration Certificate issued or deemed to have been issued under the Maharashtra Value Added Tax Act, 2002. The details are as follows:

1) Registration certificate number under MVAT Act,2002	
2) Registration certificate number under CAT Act, 1956	
3) Name and style of the business	
4) Name and the status of the applicant	
5) Address of the principal place of business	
Telephone No (with STD Code)	
Fax No (with STD code)	
e-mail	
6) Address for correspondence. If it is different from the address given at Sr.No.5	
Telephone No (with STD Code)	
Fax No (with STD code)	
e-mail	
7) Application for cancellation of the certificate of registration under the Maharashtra Value Added Tax Act ,2002. is on account of-	
(a) * the said business having been discontinued with effect from	
(b) * the said business having been transferred to M/s in accordance with the section 44 with effect from	

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(c) * Change in the ownership of the said business as follows:	
(d) * the additional place of business having been discontinued with effect from	
(e) * the place of business has been shifted to the following address:	

(f) * the turnover sales and the turnover of purchases of the said business during the year_____ having failed to exceed the threshold limit specified in section 3 (4) . the details of which are as follows:

Period	The turnover all sales of all place of business In Maharashtra		The turnover of all purchases of all places of business in Maharashtra	
	Taxable goods (Rs.)	Tax free goods (Rs)	Taxable goods (Rs.)	Tax free goods (Rs.)
(1)	(2)	(3)	(4)	(5)

(h) * Other reasons (Please Specify)
Declaration:
I._____ hereby solemnly declare that what is stated herein above is true to the best of my knowledge and belief.
Date   _____   Signature _____
Place   _____   Status _____

ACKOWLEDGENENT

Name of the Applicant	
Name and style of Business	
Registration Certificate No. under MVAT Act, 2002	
Received applicant in Form cancellation of the Certificate of Registration issued under the MVAT ACT, 2002	

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Date   _____

Signature of the Receiving

Officer_____

Designation_____

Place   _____

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