

INFORMATION BY A DEALER, DEEMED TO BE REGISTERED UNDER THE ORISSA VALUE ADDED TAX ACT, 2004.

[See sub rule (8) of rule 15]

Please read the following before filling up the form

- Submit in duplicate,
- Use separate sheet where space provided is insufficient,
- Use legible capital letters.
- Mention the Registering authority to whom the application is submitted.

To

The Registering Authority,

CIRCLE	
RANGE	

Ison/daughter/wife ofthe Proprietor / Partner / Karta of HUF / (Managing) Director/ Principal officer / Authorised Departmental officer of the business, the particulars of which are detailed below, hereby apply on behalf of that business for grant of a certificate of

01. Name of the Business :

02. Address of the Principal place or Place of business :
 (Principal place of Business, If there is more than one place of business)
 Village/Holding No:
 Locality / Ward No.
 Town/City
 P.O: (PIN)
 Phone: _____ FAX No. _____ E-Mail: _____

03. Occupancy status of place of the business Owned/ Rented/ Leased / Free Of
 (Score out whichever is not applicable) Rent / Others(specify) _____

04. Status of the business (Mark <input type="checkbox"/> whichever is applicable)	Proprietorship Partnership Public Ltd. Company Private Ltd. Company Cooperative Society	Association of persons. Public sector undertaking Department Government Others(specify)_____
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05. Nature of business activities: (Mark <input type="checkbox"/> whichever is applicable)	Trading Manufacturing Mining Generation & Distribution of Electricity Leasing	Execution of works contract Restaurateur Others(specify)_____
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06. Date from which liable to pay tax under the repealed Act.	D D M M Y Y Y Y									
	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			-			-			
		-			-					

07. Date from which the certificate of registration was effective under the repealed Act and the Registration Number.	D D M M Y Y Y Y									
	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			-			-			
		-			-					
	R.C. No <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>									

08. Description of Commodities purchased or received otherwise than by way of purchases for resale/sale.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">1.</td> <td style="width: 50%; text-align: left;">5.</td> </tr> <tr> <td style="text-align: right;">2.</td> <td style="text-align: left;">6.</td> </tr> <tr> <td style="text-align: right;">3.</td> <td style="text-align: left;">7.</td> </tr> <tr> <td style="text-align: right;">4.</td> <td style="text-align: left;">8.</td> </tr> </table>	1.	5.	2.	6.	3.	7.	4.	8.
1.	5.								
2.	6.								
3.	7.								
4.	8.								

09. Are you manufacturing goods for sale ? (Score out whichever is not applicable) If answer is "Yes", furnish the following Details.	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

10. Description of goods purchased/Received otherwise for use as:	Capital goods.	Raw Materials.
	1.	1.
	2.	2.
	Consumables	
	1.	
	2.	
Fuel.	Packing Material	
1.	1.	
2.	2.	

11. Description of goods manufactured for sale including bye – products.		Taxable	Tax Free
	Finished products.		
	Bye - Product		

12. Are you in receipt of any sales Tax incentive under IPR ? If your answer is "Yes", furnish the following details.	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

13. Specify the IPR under which, incentive is being received and the nature of such incentive. (Score out whichever is not applicable)	IPR 1992	IPR 1996	IPR 2002
	Exemption	Deferment	

14. Specify the dates from which the incentive is being availed and the number of years or the total amount for which such incentive is admissible. (Mark "v" whichever is applicable)	D D M M Y Y Y Y	<table border="1" style="width: 100%;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>			-			-				
			-			-						
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">No of Years</td> <td style="width: 20%; text-align: center;">Amount</td> </tr> <tr> <td>Incentive available</td> <td></td> <td></td> </tr> </table>		No of Years	Amount	Incentive available								
	No of Years	Amount										
Incentive available												

15. Specify the number of years or the amount for which the incentive has already been availed.	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">No of Years</td> <td style="width: 20%; text-align: center;">Amount</td> </tr> <tr> <td>Incentive already availed</td> <td></td> <td></td> </tr> </table>		No of Years	Amount	Incentive already availed			
		No of Years	Amount					
Incentive already availed								

16. Are you engaged in mining operation ?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
If your answer is "Yes", furnish the following details.			

17. Description of goods purchased for use in operation of mining.	Capital goods	Others (specify)
	1.	1.
	2.	2.
	3.	3.
	4.	4.

18. Are you a works contractor? (Score out whichever is not applicable) If your answer is "Yes", furnish the following details.	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

19. Nature of works contract executed. (Mark ü whichever is applicable)	Civil	Air-conditioning
	Electrical	Others _____
	Fabrication / erection	(specify)
	Structural	

20. Description of goods purchased for use in works contract.	1.	5.
	2.	6.
	3.	7.
	4.	8.

21. If you were registered u/s 9-c of the repealed Act, specify the date upto which your registration is valid.	D D M M Y Y Y Y	<table border="1" style="width: 100%;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>			-			-				
			-			-						

22. Details of Bank Account	Name of the Bank	Branch & Code	Account No	Nature of Account

23. Permanent Account No. of the business (PAN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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24. Language in which Books of Account are maintained.
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25. Are you maintaining accounts electronically? (Score out whichever is not applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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26. Details of immovable property owned wholly or partly.	Description of property.	Address, where situated	Approx. Value	Share percentage

27. Details of security, if any, furnished.	Amount of Security.		Manner in which furnished.
	Rs.	P.	

28. Particulars of registration certificated issued.
(i) by the Registrars of Companies.
(ii) by the Registrar of Cooperative Societies.
(iii) By the Supdt of Central Excise.
(iv) By the Supdt of State Excise.
(v) Under the Central Sales Tax Act, 1956
(vi) Under the Orissa Entry Tax Act, 1999
(vii) Under the Orissa Luxury Tax Act,
(viii) Under the Orissa Act on Professions Trades, Calling & Emploment, 2000

29. Are you a member of any chamber of Commerce or Trade Organisation ? (score out whichever is not applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is "Yes", furnish the following details.		

30. The name of the Chamber or Trade organization and particulars , if any, in support of membership.

31. Address of additional place(s) of business / branch / godown – both inside and outside the state.

Use Form VAT - 101 - A / B

32. Declaration of proprietor, each partner / Director, Authorised officer / person and Principal officer of the business.

Use Form VAT - 101 - C

VERIFICATION

I _____ son / daughter / wife of

_____ status _____

of the aforesaid business do hereby solemnly affirm that the particulars given in this form are true and correct to the best of my knowledge and belief. I undertake to notify immediately to the Registering authority to whom these particulars has been furnished, any change in any of the above particulars.

Signature

(Designation with relation to the business)

Seal

Date ____/____/____