

Form RF-01

Application for Registration under Arunachal Pradesh Goods Tax Act, 2005

(See Rule 15 of the Arunachal Goods Tax Rules, 2005)

Checklist of Supporting Documents

Please tick as applicable

Mandatory Supporting Documents

- Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same)
- Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of registration under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory
- Proof of identity of authorised signatory signing the Registration Application Form
- Two self addressed envelopes (Without stamps)
- Proof of Security

Optional Supporting Documents (For reduction in Security Amount)

- Proof of ownership of principal place of business
- Proof of ownership of residential property by proprietor/ managing partner
- Copy of passport of proprietor/ managing partner
- Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department
- 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 form)
- 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)

Reasons for Rejection (For Office Use Only)

Please tick as applicable

- Not attached Mandatory Support Document(s) _____
- Other _____

Instructions for filling Registration Form (RF-01)

1. Please fill in all the details in CAPITAL letters.
2. Please note that you are mandatorily required to register if you:
 - (i) had turnover of more than Rupees 5 lacs in the preceding financial year; or
 - (ii) exceed turnover of Rupees 5 lacs in the current year;
3. Please note that irrespective of the quantum of turnover of the business, a dealer may apply for voluntary registration under the Arunachal Pradesh Goods Tax Act, 2005.
4. For field 3, an "importer" means -
 - (i) a person who brings his own goods into Arunachal Pradesh; or
 - (ii) a person on whose behalf another person brings goods into Arunachal Pradesh;
5. The application for registration under this Act should be filed within 30 days from the date of person becoming liable for payment of tax.
6. For field 9, if the business does not have a PAN, then please mark 'Applied for' or 'N/A' as applicable.
7. For field 16, please fill the description of top 5 items on the basis of value of goods sold.
8. In case any of these details change, the dealer is required to intimate the department of the amendments within one month of the change.
9. The form has to be filled and signed by the authorised signatory of the business.
10. Businesses with a turnover of more than Rs 1 Crore are mandatorily required to file returns every month. Businesses with a turnover of less than Rs 1 Crore are mandatorily required to file returns every quarter – they may however, elect to file their returns every month.
11. Registration application should 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 authorised by him in this 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 the 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 such 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 any other person, by some person competent to act on his behalf.
12. Every sheet filled in the Annexures has to be signed by the same person (authorised signatory) who has signed the registration application.
13. In case any of the Annexures are not applicable, please strike off the same and write 'Not Applicable'.

1. Full Name of Applicant Dealer	
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2. Trade Name			
3. Nature of Business <i>(Tick all applicable)</i>		<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler
		<input type="checkbox"/> Retailer	<input type="checkbox"/> Exporter
		<input type="checkbox"/> Interstate Seller	<input type="checkbox"/> Interstate Importer
		<input type="checkbox"/> Leasing	<input type="checkbox"/> Others, please specify
4. Constitution of Business <i>Tick one</i>		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Private Ltd. Company
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Government Company
		<input type="checkbox"/> HUF	<input type="checkbox"/> Public Ltd. Company
		<input type="checkbox"/> Leasing	<input type="checkbox"/> Others, please specify
5. Type of Registration <i>Tick one</i>		<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary	
6. Annual Turnover Category		<input type="checkbox"/> Less than Rs 5 lacs	<input type="checkbox"/> Rs 5 lacs or above
(a) Turnover in preceding financial year		Rs. _____	Rs. _____
(b) Turnover in the current financial year		Rs. _____	Rs. _____
7. Basis of incurring liability to pay tax <i>Tick whichever is applicable</i>		<input type="checkbox"/> Turnover exceeding Rs. 5 lacs	<input type="checkbox"/> Voluntary registration
8. Date from which liable for registration under Arunachal Pradesh Goods Tax Act, 2005		___ ___ / ___ ___ / ___ ___ ___ ___ <i>DD / MM / YYYY</i>	
9. Permanent Account Number of the applicant dealer (PAN)			
10. Registration number under Central Excise Act (if applicable)			
11. Principal Place of Business		Building Name/ Market Name _____	
		Town/ Village _____	
		District _____	
		Pin Code _____	
		Email Id _____	
		Telephone Number(s) _____	
		Fax Number(s) _____	
12. Address for service of notice <i>If different from principal place of business</i>		Building Name/ Market Name _____	
		Town/ Village _____	
		District _____	
		Pin Code _____	
		Email Id _____	
		Telephone Number(s) _____	
		Fax Number(s) _____	
13. Number of additional places of business within or outside the state (please fill Annexure II)		Godowns/ Warehouse _____	
		Factory _____	
		Shop _____	
		Other places of business _____	
14. Details of all Bank Account/s		Account Number _____	
		Name of Bank _____	
		MICR Number _____	
		Address of Bank _____	
Type of Bank Account		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Cash Credit	
15. Details of quantum of investment			
16. top 5 items you deal in		Description	Code

(1-highest to 5-lowest)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	_____ _____ _____ _____
17. Accounting Basis <i>Tick one</i>	<input type="checkbox"/> Accrual	<input type="checkbox"/> Cash
18. Frequency of filing of returns (to be filled in by the dealer whose turnover is less than Rs. 1 Crore in the preceding year) <i>Tick one, if applicable</i>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
19. Amount of Security Furnished	In Numerals Rs _____ In Words Rs _____	
20. Mode of Security		
21. Date of expiry of Security		
22. Number of persons having interest in business (please fill Annexure I)		
23. Name of Manager		
24. Number of additional places of business within or outside the state (please fill Annexure II)	Godown/Warehouse	
	Factory	
	Shop	
	Other place of business	
25. 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		
Name		
Designation		
Place		
Date		

Method of Calculating Security Amount

Prescribed Amount (Rs)		50,000
Reduction sought (Max reduction available Rs - 50,000)		Rebate (Rs)
1	Proof of ownership of principal place of business	10,000
2	Proof of ownership of residential property by proprietor/ managing partner	5,000
3	Copy of passport of proprietor/ managing partner	5,000
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 form)	2,500
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)	2,500
7	Trading License issued by competent authority	5,000

Note : If the turnover in each of the preceding three years exceeds Rs. 20 Lakhs, no security is required.

Form RF-01: Annexure I

Particulars of proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, Clubs etc.

Passport sized
(signed)
photograph

1. Full Name of Applicant Dealer			
2. Trade Name			
3. Full Name of the persons having interest in the business	First Name	_____	
	Middle Name	_____	
	Last Name	_____	
4. Father's / Husband's Full Name		_____	
5. Date of Birth		____ / ____ / ____ - ____ DD/MM/YYYY	
6. Gender (Tick one)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Present Residential Address	Building Name/ Market Name	_____	
	Town/ Village	_____	
	District	_____	
	Pin Code	_____	
	Email Id	_____	
	Telephone Number(s)	_____	
8. Permanent Address	Building Name/ Market Name	_____	
	Town/ Village	_____	
	District	_____	
	Pin Code	_____	
	Email Id	_____	
	Telephone Number(s)	_____	
9. Extent of interest in business (%)		_____	
10. Particulars of interest in any other business(es) in India, if any.	Name and particulars of other business	Complete Address of other business	RC Number
11. 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 held in the property
12. Verification			
I/We _____ hereby solemnly affirm and declare that the information given in this annexure is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.			
Date	Name	Designation	Signature
Name of Business _____			

Instructions for filling Registration Form (Annexure I)

- In case of partnerships, Annexure I to be filled and signed by the managing partner plus top 4 other partners.
- In case of companies, Annexure I to be filled and signed by the company secretary, the managing director and 3 other directors.
- If required, make additional copies of the Annexure and attach with application form for registration (RF-01).
- An amendment would be required each time a person changes (and not when the details of an existing person change)
- In case of minors, the specimen signature of guardian/ trustee should be furnished.

Form RF-01: Annexure II

Details of additional places of business

1. Full Name of Applicant Dealer _____
2. Trade Name _____
3. Registration Number _____
4. Details of Additional Places of Business

Address of Additional Place of Business	Building Name/ Market Name _____
<i>Type Tick One</i>	Town/ Village _____
<input type="checkbox"/> Godown / Warehouse	District _____
<input type="checkbox"/> Factory	Pin Code _____
<input type="checkbox"/> Shop	Email Id _____
<input type="checkbox"/> Other places of business	Telephone Number(s) _____
	Fax Number(s) _____
	Date of establishment _____
	<small>State local sales tax/VAT/CST registration number (if state is other than Arunachal Pradesh)</small> _____
Address of Additional Place of Business	Building Name/ Market Name _____
<i>Type Tick One</i>	Town/ Village _____
<input type="checkbox"/> Godown / Warehouse	District _____
<input type="checkbox"/> Factory	Pin Code _____
<input type="checkbox"/> Shop	Email Id _____
<input type="checkbox"/> Other places of business	Telephone Number(s) _____
	Fax Number(s) _____
	Date of establishment _____
	<small>State local sales tax/VAT/CST registration number (if state is other than Arunachal Pradesh)</small> _____
Address of Additional Place of Business	Building Name/ Market Name _____
<i>Type Tick One</i>	Town/ Village _____
<input type="checkbox"/> Godown / Warehouse	District _____
<input type="checkbox"/> Factory	Pin Code _____
<input type="checkbox"/> Shop	Email Id _____
<input type="checkbox"/> Other places of business	Telephone Number(s) _____
	Fax Number(s) _____
	Date of establishment _____
	<small>State local sales tax/VAT/CST registration number (if state is other than Arunachal Pradesh)</small> _____
5. Verification	
I/We _____ hereby solemnly affirm and declare that the information given in this Annexure is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.	
Signature of Authorised Signatory _____	
Name _____	
Designation _____	
Place _____	
Date _____	

Form RF-01: Annexure III

Particulars of authorised signatory

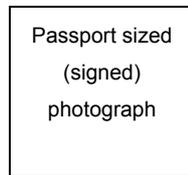
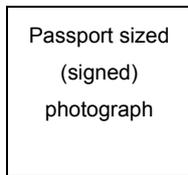
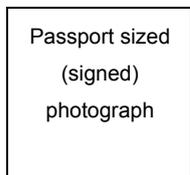
1. Full Name of Applicant Dealer			
2. Trade Name			
3. Place of business with address			
4. Full name of the authorised signatory			
5. Designation			
6. Permanent Address	Building Name/ Market Name		
	Town/ Village		
	District		
	Pin Code		
	Email Id		
7. Date from which authorised to act as an authorised signatory		___ ___ / ___ ___ / ___ ___ ___ ___ DD / MM / YYYY	
8. Declaration I/We _____ hereby solemnly affirm and declare that the person named above is authorised to act as an authorised signatory for the above referred business for which application for registration is being filed/ is registered under the Arunachal Pradesh Goods Tax Act, 2005. All his actions in relation to this business will be binding on us.			
SIGNATORIES			
	1	2	3
Signature(s) of the Partners/ Directors/ Proprietor of business			
Name			
Designation			
Place			
Date			

Acceptance as an authorised signatory

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

Signature	
Designation	
Place	Date

Extra set of photographs and specimen signature of each person having interest in business



Signature

Signature

Signature

Name

Name

Name

Instructions:

1. In case of Annexure III, it is to be filled and signed by the person whose details are given in the Annexure.