

Department of GoodsTax
Government of Arunachal Pradesh

Form RF-02

(See Rule 18 of the Arunachal Pradesh GoodsTax Rules, 2005)

Application for Amendment in Registration under Arunachal Pradesh GoodsTax Act, 2004

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)
- Additional Security, if applicable
- Please attach Annexure I of RF-01 providing details of new person(s) having interest in the business
- Please attach Annexure III of RF-01 change in authorised signatory

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 Form RF-02

1. Please do fill in your registration number
2. Please note that the following supportings, if applicable, has 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 places 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 to 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 an other person, by some person competent to act on his behalf.

Form RF-02 Application for Amendment in Registration.

Please fill in your registration number and tick the headings under which you wish to change the details of your registration.

1. Full Name of Applicant Dealer Registration Number			
2. Trade Name			
3. Nature of Business <i>(Tick all applicable)</i>	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Distributor
	<input type="checkbox"/> Retailer	<input type="checkbox"/> Exporter	<input type="checkbox"/> Importer
	<input type="checkbox"/> Interstate Seller	<input type="checkbox"/> Interstate Importer	<input type="checkbox"/> Works Contractor
	<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"/> Public Sector Undertaking
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government Company	<input type="checkbox"/> Government Corporation
	<input type="checkbox"/> HUF	<input type="checkbox"/> Public Ltd. Company	<input type="checkbox"/> Govt Deptt/ Society/ Club/ Trust
	<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	<input type="checkbox"/>
6. Annual Turnover Category (a) Turnover in preceding financial year (b) Turnover in the current financial year	<input type="checkbox"/> Less than Rs 5 lacs	<input type="checkbox"/> Rs 5 lacs or above	
	Rs. _____	Rs. _____	
7. Basis of incurring liability to pay tax <i>Tick whichever is applicable</i>	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. Details of all Bank Account/s	Account Number _____		
	Name of Bank _____		
	MICR Number _____		
	Address of Bank _____		
14. Details of Modified Security	Amount of Security already Furnished	Additional Security furnished at the time of Amendment	
		Mode : _____	
		Date of Expiry: _____	
		Amount: _____	

Form RF-02 Application for Amendment in Registration.

15. Closure of Additional Place of Business	Date of closure of additional place of business _____		
	Building Name/ Market _____		
Type <i>Tick One</i>	Town/ Village _____		
	District _____		
<input type="checkbox"/> Godown/ Warehouse	Pin Code _____		
<input type="checkbox"/> Factory	Email Id _____		
<input type="checkbox"/> Shop	Telephone Number(s) _____		
<input type="checkbox"/> Other places of business	Fax Number(s) _____		
16. New Additional Place of Business	Date of opening of additional place of business _____		
	Building Name/ Market _____		
Type <i>Tick One</i>	Town/ Village _____		
	District _____		
<input type="checkbox"/> Godown/ Warehouse	Pin Code _____		
<input type="checkbox"/> Factory	Email Id _____		
<input type="checkbox"/> Shop	Telephone Number(s) _____		
<input type="checkbox"/> Other places of business	Fax Number(s) _____		
17. Exit of person having interest in the business	Full Name of person	Date of Birth	Date of Exit
		__ __ / __ __ / __ __ __ __ <i>DD / MM / YYYY</i>	
18. Entry of new person having interest in the business *	Full Name of person	Date of Birth	Date of Entry
		__ __ / __ __ / __ __ __ __ <i>DD / MM / YYYY</i>	
19. Change of Authorised person \$	Full Name of new person authorised	Date of Birth	Date of Change
		__ __ / __ __ / __ __ __ __ <i>DD / MM / YYYY</i>	
20. Change of Manager of Business	Full Name of new Manager	Date of Birth	Date of Change
		__ __ / __ __ / __ __ __ __ <i>DD / MM / YYYY</i>	
21. Top 5 items you deal in (1-highest to 5-lowest)	Description	Code	
	1. _____	_____	
	2. _____	_____	
	3. _____	_____	
	4. _____	_____	
	5. _____	_____	

Summary of Proposed Changes:

** Attach Annexure I of RF-01; \$ Attach Annexure III of RF-01.*

Serial No.	Present position	Proposed Change	Reason and proof of change, if any

21. Verification

I/We _____ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) 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