

Form DVAT 04
(See Rule 12 of Delhi VAT Rule, 2005)
Application for registration under Delhi VAT act, 2004

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.	

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	Building Name /	
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notice (if different from principle place of business)	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 <input checked="" type="checkbox"/>	<input type="checkbox"/> Accrual	<input type="checkbox"/> Cash
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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 <input checked="" type="checkbox"/> if applicable.	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quaterly
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18.	(a) Amount of security	
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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

<p>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.</p> <p>Signature of Authorised Signatory _____ Full Name (First name, middle, surname) _____ Designation _____</p>
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Place : _____

Date : _____

Form DVAT 04 : Annexure I

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. 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 04 : Annexure II

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		

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	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				

(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)

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 04 : Annexure III

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. 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. Declaration. I/We _____ hereby solemnly affirm and declare that the person is authorized to act as an authorized signatory for the above referred business for which application for registration is being filed/ is registered under the Delhi VAT act, 2004. All his actions in relation to this business will be binding on us.
Signature of Authorised Signatory _____
Full Name (First name, middle, surname) _____
Designation _____

13. Acceptance as an authorized signatory I _____ hereby solemnly accord my acceptance to act as authorize 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 : _____

Instructions for filling Registration Form in (DVAT-04) (For details refer to Section 19 and Rule 12)

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 lakhs in the preceding financial year, or
 - (ii) exceed turnover of Rupees 5 lakh, in the current year; or
 - (iii) are liable to pay in, or are registered or required to be registered under Central Sales Tax Act, 1956
3. Please note that irrespective of the quantum of turnover of the business, a dealer may apply for voluntary registration under the Delhi Value Added Tax Act, 2004.
4. For field 3, an "importer" means
 - (i) a person who brings his own goods into Delhi; or
 - (ii) a person on whose behalf another person brings goods, into Delhi; or
 - (iii) in the case of , sale occurring in the circumstances related to in sub-section 2 of section 6 of the Central Sales Tax Act, 1956, the person in Delhi to whom the goods are delivered
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 81 if the business does not have a PAN, then please mark 'Applied for' or 'N/A' as applicable,
7. For field 15m please fit] the description of top 5 items on the basis of value of goods, old.
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 5 crores are mandatorily required to file returns every month. Businesses with a turnover of less than Rs 5 crores are 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 principle 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.

Instructions for filling Registration Form in (Annexures I, II and III)

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1. In case of partnerships, annexure I to be filled and signed by the managing partner plus top 4 other partners.
2. In case of companies, annexure I to be filled and signed by the company secretary, the managing director and 3 other directors.
3. If required, make additional copies of the annexures and attach with application form for registration (DVAT-04).
4. An amendment would be required each time a person changes (and not who, the details of an existing person change)
5. In case of minors, the specimen signature of guardian/ trustee Should be furnished.
6. In case of Annexure III, it is to be filled and signed by the person whose details are given in the Annexure.
7. Every sheet filled in the Annexures has to be signed by the same person (authorised signatory) who has signed the registration application,
8. In case any of the Annexures are not applicable, please strike off the same and write 'Not Applicable' , the said Annexure.

Method of Calculating Security Amount

Prescribed Security Amount (Rs)		1,00,000
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 basin... 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