

Form DVAT 04A

(See Rule 5A of the Delhi VAT Rules, 2005)

Application for registration by a casual trader under Delhi VAT act, 2004

1. Full name of Applicant Dealer (For individuals, provide in order of first name , middle name, surname)			
2. Trade Name (If any)			
3. 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		
4. Permanent Account Number of the applicant dealer (PAN)			
5. Registration number under central excise act (if appli)			
6. Principal Place of Business	Building Name / Number Area/ Road Locality / market Pin Code Email ID Telephone Number Fax Number		
7. Address in Delhi (if different from principle place of business)	Building Name / Number Area/ Road Locality / market Pin Code Email ID Telephone Number Fax Number		
9. Description of top 3 items you propose to deal in (In order of volume of sales for the tax period. 1- highest volume to 3- lowest volume).	1		
	2		
	3		
10. If you been granted registration in Delhi under this Act, as casual trader or otherwise at anytime prior to filing this application, please provide registration number for the last such registration granted to you and year in which it was granted.	<input type="checkbox"/> Not Applicable		
11. Period for which registration	From ___/___/_____	To ___/___/_____	

required		
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12. Estimated Turnover of sales during the period for which registration is sought	Turnover of Sales (Rs.)	Output Tax (Rs.)
Good taxable at 1%		
Good Taxable At 4%		
Goods taxable at 12.5 %		
Goods taxable at 20%		
Total		

Name of Manager			
	First Name	Middle Name	Surname

13. 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 04A : Annexure I

Particulars of the authorized signatory

1. Full name of Applicant Dealer (For individuals, provide in order of first name , middle name, surname)	
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2. Name of Authorised Signatory (For individuals, provide in order of first name, middle name, surname)	
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3. Date of Birth	___/___/_____	4. Gender (Tick <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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5. Father 's / Husband's name			
	First Name	Middle Name	Surname

6. PAN		7. Passport No.	
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8. Email Address:	
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9. 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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10. 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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11. 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.

RUSHABH INFOSOFT LTD.

S. No.

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 Fortin (DVAT-04A) (For details refer to Section 16A and Rule 5A)

1. Please fill in all the details in CAPITAL letter,.
2. The form has to be filled and signed by the authorised signatory of the business.
3. Registration application should be verified and signed by the following:
 - (i) in the case of an individual by the individual himself, and where die individual is absent from India, either by the individual or by wine person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending an his affairs, by his guardian or by any other person competent to act an his behalf,
 - (ii) in the we of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated front 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 caw of a firm, by any partner thereof, not being a minor;
 - (v) in the case of my other association, by any member of the association or persons;
 - (vi) in the caw of a trust, by the trustee or any trustee; and
 - (vii) in the case of my other person, by some person competent to act on his behalf
4. Every shear filled in the Annexure has to be signed by the same person (authorized signatory) who has signed the registration application.