

Form DVAT 07 – Cover Page

(See Rule 15 of the Daman and Diu Value Added Tax Rules, 2005)

Application for Amendment in Particulars subsequent to Registration under Daman and Diu Value Added Tax Regulation, 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)
- In case of a dealer applying for registration and simultaneously opting for payment of tax under composition scheme, please attach application in Form DVAT 01 along with this application
- Proof of Security

Optional Supporting Documents (For reduction in Security Amount)

- Proof of ownership of principle 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 Supporting Document(s) _____
- Other _____

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"/> one	<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 Rs. 5 crores in the preceding year)	Tick one <input checked="" type="checkbox"/> if applicable	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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18. Security (for modification, please complete Annexure IV)	(a) Amount of Security	Rs.																		
	(b) Type of Security																			
	(c) Date of expiry of Security			/			/													
		Day		Month		Year														

19. Number of persons having interest in business (also please complete Annexure I)																				
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20. Name of Manager																				
	First Name						Middle Name						Surname							

21. Name of Authorised Signatory*																				
	First Name						Middle Name						Surname							

* Please complete Annexure III

22. 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 _____
Designation _____

Place																				
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Date																				
	Day		Month		Year															

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business																
Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Closure	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment																	
Date of change (mm/dd/yy)																				
Address	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
	Day		Month		Year															
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Daman and Diu)</i>																				

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business																
Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Closure	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment																	
Date of change (mm/dd/yy)																				
Address	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
	Day		Month		Year															
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Daman and Diu)</i>																				

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 _____ / _____ / _____
 Day Month Year

Instructions for filling Form DVAT 07: (For details please refer to Section 21 and Rule 15)

1. Please remember to fill in your registration number at all places provided
2. Please note that the following supporting documents, if applicable, have 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 Regulation 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 Regulation on his behalf.
4. In case any Annexure is not applicable, please strike off the same and write 'Not Applicable' on the face of the said Annexure.