Form VAT-1

[See rule 3(2)] Application for Registration

1	Name of the applic	cant										-
2	Trade name in wh		usiness is									
	carried on (if differe	ent fr	om name of									
	applicant)											
3	Type of registratio	n			VAT			VAT	(Voluntary)		□ тот	
Tic	k as applicat	ole			(Obligat	ory)						
4	Expected Turnove	er in t	he current		Rs 25 la	acs o	r above				Less than R	s 25 lac
	financial year	,	no odnom		110 20 11	400 0	. 45010				greater than	
Tic	k one										g. canc. man	
	Date from which li	abla	to tax					_/	/			
5		_	io iax		Dutinati	- 14-1						
6	Constitution of	ш	Daniel de la cons		Private			ш	Government	Comp	oany	
т: .	business		Proprietors		Compa	any						
I IC	k one		hip		D L. l' -	14-1			Covernment	C	ration	
		_	Dente en la la	_	Public			_	Government	Corpo	oration	
			Partnership		Compa	•	d. / T		0 1 1 / 01 -			
			HUF			•	ub/ Trust	ш	Central / Sta	ite Go	vernment	
			Others, plea ease fill details					t in bu	ısiness in Anr	exure	e I)	_
,	Nature of		Manufacture		·		Distributi				lesale	
	business		Retail				Export			Impo	rt	
Γία	k all		Works Cont	ract			Leasing					
	plicable		Others, plea	ise sp	ecify		•					
•					•							
3	List of principal go	ods										
	manufactured / sol	d										
	Permanent Accou	nt Nu	ımber (PAN), i	f ava	ilable				-			
0	Registration numb	er un	der Central Ex	xcise	Act (if ap	plical	ble)		-			
1	Main operating bar	nk	Bank name:				Addres	s:				
	account		Account No:									
12	Address of Princip	al nla										
	ding Name/ Number	r _										
Area City	a/ Road	-										_
Pin	Code	_										
	ail Id phone Number(s)	_										
	Number(s)	_					14541				0.4.1	
3	Number of places	of					Within Sta (Nos. only)				Outside state (Nos. only)	
	business in India		Factories				,,	•			, ,	
	(attach details about	ut	Godowns/	Ware	houses							
	places of business		Branches Shops/ Ret	ail ou	ıtlets					-		

including that of other	Others (Please specify)	
places of business in		
Punjab		
Tatal as of smalescope		

14 Total no. of enclosures

Verification

I certify that the information given in this form and its attachments (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature Full name of authorized representative Designation

Date

Place

Photograph

Annexure I

Particulars of person(s) with interest in business

1.	Name of the Business					
2.	Full Name					
3.	Fathers / Husbands Full Name					
4.	Date of Birth (in case of minors)		/ M / YYYY			
5.	Gender		Male	☐ Fe	emale	
Tic	ck as applicable					
6.	Principal Place of Business Building Name/ Number Area/ Road City Pin Code Email Id Telephone Number(s) Fax Number(s)					
7.	Permanent Residential Address Building Name/ Number Area/ Road City Pin Code Email Id Telephone Number(s) Fax Number(s)					
8.	Status and extent of interest in bu	siness Status		%		
9. Nam	Particulars of interest in any other ne of other business	r business (es) within Punjab, if ar Complete Address of other business	iy. VRN/TRN	CST Registration No	Nature and extent of interest in the business	
10. Particulars of all immovable prop Description of property		erty owned by or in which the per Full address of		Nature and exte the property	ent of interest in	
Vei	rification					
	tify that the information given in the ther declare that I shall inform the control of the contr				as been concealed.	
Full						

Annexure II

Particulars of places of business

1.	Principal place of busines Building Name/	SS					
Num							
	Area/ Road						
	City Pin Code						
	Email Id						
Num	Telephone nber(s)	_					
Num	Fax Number(s)						
2.	State			-			
3	Date of establishment			-			
4. Ty	ype (Tick One)		Godown		Factory/ Industries		Shop/ Retail outlets
			Office/Branch offices		Other (Please specify)		
1.	Additional places of busin Building Name/	iess (If more than one, attach	sepa	rate sheets)		
Num	nber Area/ Road	_					
	City						
	Pin Code Email Id						
	Telephone						
Num	nber(s) Fax Number(s)						
2.	State						
3.	State local tax registration	num	ber (if State is other that	n			
	Punjab)						
4.	Date of establishment						
5.	Type (Tick One)		Godown		Factory/ Industries		Shop/ Retail outlets
	(Not One)		Office/ Branch		Other (Please specify)		
			offices				
Ver	rification						
	above statement(s) are tru						
lultin	ner declare that I shall inform	n the	department whenever tr	iere i	s a change in the information	on pro	vided above
Sian	nature						
Olgii	lature						
	name of the person						
Desi	ignation e						
Date							

Annexure III

Particulars of authorized representative

1.	Name of the Business				—
2.	Place of business with add	lress ———			
3.	Full Name of the Authorise	ed			
	representative				
4.	Designation				
5.	Permanent Residential Ad	dress			
Nun	Building Name/ mber				
	Area/ Road				
	City Pin Code				
	Email Id				
Nun	Telephone mber(s)				—
INGII	Fax Number(s)				
6.	Date from which authorise	d to act as an authorised	representative -	/	
			İ	DD / MM / YYYY	
De	eclaration				
I/ W busi	e declare that the person na iness for which application for	r registration is being file		ed representative for the above referred r Punjab VAT Act, 2005. His all actions in	١
I/ W busi	e declare that the person na	r registration is being file			١
I/ W busi rela	e declare that the person na iness for which application for	r registration is being file			1
I/ W busi rela	/e declare that the person na iness for which application fo tion to this business will be b gnatories	r registration is being file			1
I/ W busi rela	/e declare that the person na iness for which application fo tion to this business will be b gnatories	r registration is being file inding on us.	d / is registered under		1
I/ W busi rela	/e declare that the person na iness for which application fo tion to this business will be b gnatories	r registration is being file inding on us.	d / is registered under		1
I/ W busi rela	/e declare that the person na iness for which application fo tion to this business will be b gnatories	r registration is being file inding on us.	d / is registered under		ı
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