

FORM VAT 01

[See Rule 12(a)]

Application for registration as VAT/Voluntary/TOT dealer

Part – “A

Surname

Given Name

1. Name of the Applicant

2. Trading Name

Business Address

3. Number & Street

4. Area or locality

5. Village/Town/city

6. District 7. PIN Code

Contact Numbers:

8. Telephone

9. Mobile

10. Fax

11. Email

12. Business Status (Indicate Code)

13. Father's/Husband's Name

14. PAN

15. Date of Birth (optional)

16. Sex (M or F)

17. Specimen Signature:

18.

1	
2	
3	

Latest Photograph

Part – ‘B’

Residential Address

19. Number & Street
20. Area or Locality
21. Village/Town/City
22. District 23. State
24. PIN Code 25. Country
26. Name of the Statutory Authority (Indicate Code Name) 27. Code Number

Business Details

28. Type of Business (Code No.)
29. 1st Major Commodity Traded/Manufactured 30. Code:
CTD to complete
31. 2nd Major Commodity Traded/Manufactured 32. Code:
CTD to complete
33. Date of commencement of business
34. Estimated annual gross Turnover 35. Estimated annual taxable turnover
36. Do you wish to register as VAT/Voluntary/ Turnover Tax dealer? VAT VLNT TOT

Additional Information:

Tick each box where relevant else leave blank

- | | | | |
|---------------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| 37. Do you use computerised accounts? | 38. Are you a regular Importer? | 39. Are you a regular Exporter? | 40. Will you make tax free sales? |
|---------------------------------------|---------------------------------|---------------------------------|-----------------------------------|

Bank Details

41. Bank & Branch
42. Bank Code 43. Account Number

Note: If a partnership Complete Form VAT-01(A) for Partner details
If additional places of business, godowns etc. Complete Form VAT-01(B) for details
If others can sign on your behalf Complete Form VAT-01(C) for authorised signatory details

Declaration:

I apply for registration under VAT/Voluntary/TOT and declare that the details furnished above are true and correct to the best of my knowledge. I am aware that there are penalties for making false declarations:

44. Name

Signature..... Status..... 45. Date :

Part "C" Official use only:

46. Date of Receipt

47. Registration Type:
Importer/Exporter Trader/Manufacturer

48. VAT or VLNT. or TOT?

49. Date

50. Sales Tax Circle Code

51. Registration Fee paid

52. T.R..No. Date

53. **Security Deposit Type:** (blank if none)

54. Amount

55. Drawn on

56. Expiry Date:

57.

Box for notes:

58. Processed by:
Name & Designation

.....
Name & Designation of the officer

Notes for completion of Application form for registration

(These are meant for the guidance of the dealers/officers/officials of the Commercial Taxes Deptt., Govt. of J&K and do not form a part of the Jammu and Kashmir Value Added Tax Rules, 2005)

Please complete all boxes using **block capitals and in black ink**

Boxes which are marked "CTD to complete" must be left blank.

Box 1. Name of Applicant: Please enter the name of the applicant; surname first, followed by given name, in specified boxes only.

Box 2. Trading Name: Please enter the name under which the business trades. If the business trades under your own name, surname first followed by given name.

Boxes 3 to 7. Business Address: Please enter your address details in the format detailed on the front of the form beginning with the number of the property followed by street name, area or locality, village, town or city, district and postal index number.

Additional places of business:

If your business operates from more than one location within J&K please give the details of each place of business separately on Form VAT-01-(B) Each additional place of business must be separately listed.

Box 8. Tel. No. : Please Enter your Business telephone number including full STD code.

Box 9. Mobile No: If you have a mobile telephone please enter the number here.

Box 10. Fax No.: If you have a fax number please enter the full number including STD code.

Box 11. E-mail: If you have an e-mail address and wish to be contacted by this method please enter the address here.

Box 12. Business status: Please enter the two digit code that identifies the status of your business from the selection below:-

- 01 Proprietary
- 02 Unregistered Partnership
- 03 Registered Partnership
- 04 Private Limited
- 05 Public Limited
- 06 Public Sector undertaking
- 07 Government Company
- 08 Statutory body
- 09 Co-operative
- 10 Trust
- 11 HUF
- 12 Manager/agent of non-resident dealer
- 13 Casual trader
- 14 Other

If your business is a partnership please complete Form VAT-01(A) with partner details.

If others can sign on your behalf complete Form VAT -01(C)

Box 13. Fathers/Husband's name: Please enter the name of your husband (if married) or father as appropriate.

Box 14. PAN: Please enter your Permanent Account Number.

Box 15. Date of birth: Please enter your date of birth in the format indicated. It is optional and not necessary.

Box 16. Sex : Please enter your sex. If male - M if female - F

Box 17. Specimen Signature: Please enter your normal, three specimen signatures , in black ink.

Box 18. Photograph: Please attach a recent passport sized photograph of yourself.

Boxes 19 to 25. Residential Address: Please enter your residential address details in the format detailed on the front of the form beginning with the number of the property followed by street name, area or locality, village, town or city, district and postal index number. Where appropriate enter the State and Country of residence.

Box 26. Statutory Authority with whom registered: Please enter the Code name relevant to the other statutory authority(ies) with which you may be registered from the following selection below:-

Code No.	Name of Statutory Authority	Code name
1.	Registrar of Companies	RC
2.	Registrar of firms	RF
3.	Department of Industry and commerce	ID
4.	Department of State Excise	ED
5.	Department of Health	HD
6.	Drug Controller	DC
7.	District Magistrate	DM

Box 27. Please Enter the appropriate Code number of the statutory authority given above..

Box 28. Type of business : Please enter the two digit code from the following list which best describes your business

01 Manufacturer	02 Distributor	03 Agency	04 Wholesaler
05 Retailer	06 Auctioneer	07 Supply Contractor	
08 Hire purchaser	09 Other		

Boxes 29 to 32 Major Commodity traded/manufactured: Please enter the two major commodities in which you deal or manufacture. The principal commodity in which you deal should be entered in box 29 and the secondary commodity in box 31. If you deal in/manufacture a number of commodities, please attach a list with Form VAT –01 duly signed by you over your seal.

Box 33. Date of Commencement of business: Please enter the date on which you started the business

Boxes 34 & 35. Turnover: Please enter the annual gross turnover in Box 34 and Annual taxable turnover of the business in box 35

Box 36. VAT or Voluntary or Turnover Tax: Please indicate if you wish to be registered as a VAT or Voluntary or Turnover Tax dealer. Tick only one box as you cannot be registered under all schemes.

Additional Information: Please tick the appropriate box if you use or are in the following categories:

- Box 37.** If your accounting records are computerised
Box 38 If you are a regular importer of goods
Box 39 If you are a regular exporter of goods
Box 40 If you make sales of tax free goods.

Box 41 Bank details: Please enter the full name of your bank, and branch, used for business purposes here.

Box 42 Bank Code : Please enter the bank code if any.

Box 43 A/C No.: Please enter the full bank account number.

Boxes 44 & 45 Please enter your name, status and date.

FINALLY: Sign and date the form and attach all relevant additional forms as required above in relation to partner details ,additional places of business details and authorised signatory details, where appropriate.

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