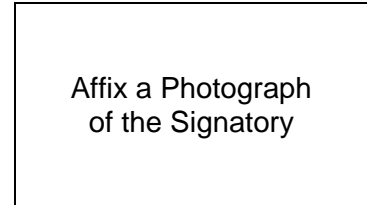


FORM - I
THE TRIPURA VALUE ADDED TAX ACT, 2004
APPLICATION FORM FOR REGISTRATION
(Under Rule 10 of TVAT Rules)
Write clearly in black ink and use BLOCK LETTERS

To
The Superintendent of Taxes

Charge No.....



1. Name of the Applicant :

Family Name	First Name	Middle Name

2. Sex : Male / Female

3. Trade Name of the Business : _____

4. Address : No. / Street : _____
City : _____
Pin Code : _____

5. Telephone No. : _____ Fax No. : _____ E-Mail Id. : _____

6.(a) Partners in Firm, Chief Executive in Company, Co-operative. Etc.

Sl.No.	Name	Designation	Address	Age	Father's Name

6.(b) Interest (of Partners in Firm, Chief Executive in Company, Co-operative. Etc.) in other Business

Sl.No.	Name	Firm's Name	Address of the Firm	Value Added Taxpayer's Identification Number (TIN)	CST Registration No.

7. Address of All Branch Offices

Sl.No.	Branch	Post Office	Thana	District
1.				
2.				

8. Location of factory (if any)

Sl.No.	Address	Post Office	Thana	District
1.				
2.				

9. Location of Godowns (if any)

Sl.No.	Address	Post Office	Thana	District
1.				
2.				

10. List of Taxable Items Dealing with

Sl.No.	Item Code	Description	Purchase From places within Tripura for Resale (Y / N)	Manufacture Make and Process for Sale in Tripura (Y / N)	Import/intend to import for Sale in Tripura	
					Within India (Y/N)	Outside India (Y/N)

11. Economic Activity Code (Manufacturer/Importer/Reseller/Seller) : _____

12. Particulars of Movable and Immovable Property Including Landed Property of Proprietors/ Partners

Sl.No.	Proprietor / Partner Name	Property Type (Movable/Immovable)	Details of Property

13. Information of Liability.

Sl.No.	Proprietor / Partner's Name	Nature of liability	Details of liability

14. Banker's Name : _____
Nature of Account Held : _____ Account Number : _____

15. Trade License Issued by Municipal : No. _____ Date : _____
Corporation / Nagar Panchayat

16. License Issued Under the : No. _____ Date : _____
Tripura Shops & Establishment Act

17. Food Staff License issued by the : No. _____ Date : _____
Competent Authority

18. Whether Citizen of India or Not (Y/N) : _____

19. PAN No. : _____

20. Sale of Goods : Last Quarter : _____ Last Year : _____

21. Date of first Taxable sale : _____

22. Language to be used in maintaining accounts : _____

I _____ (Proprietor/Director/Partner/Secretary or any
authorised Person) hereby declare that the particulars given herein are correct and I hereby
apply for registration for value added tax.

Designation

Introduced By : _____
(Registered Dealer or Any Responsible Person)

FOR OFFICE USE ONLY

Date of Registration : Day _____ Month _____ Year _____

Taxpayer's Identification Number : _____

Amount of Security Paid : (Rs.) _____

Bank Scroll No. : _____ Date _____

Remarks, if any _____