

## Form DVAT 04 – Cover Page

(See Rule 12 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

### Application for Registration under Dadra & Nagar Haveli 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 \_\_\_\_\_



7. Date from which liable for registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005	0	1	/	0	1	/	2	0
	Day			Month			Year	

8. Permanent Account Number of the applicant dealer (PAN)	A	B	C	D	E	1	2	3	4	F		
9. Registration number under Central Excise Act (if applicable)												

10. Principle Place of Business	Building Name/ Number	D	N	H		B	U	I	L	D	I	N	G		
	Area/ Road	S	I	L	V	A	S	S	A		A	M	L	I	
	Locality/ Market														
	Pin Code	3	9	6	2	3	0								
	Distict	D		N		H		S	I	L	V	A	S	S	A
	Email Id	a	b	c	d	@	y	a	h	o	o	.	c	o	m
	Telephone Number	9	8	9	8	9	8	9	8	9	8				
	Fax Number														

11. Address for service of notice <i>(If different from principle place of business)</i>	Building Name/ Number	D	N	H		B	U	I	L	D	I	N	G		
	Area/ Road	S	I	L	V	A	S	S	A		A	M	L	I	
	Locality/ Market														
	Pin Code	3	9	6	2	3	0								
	Email Id	D		N		H		S	I	L	V	A	S	S	A
	Telephone Number	a	b	c	d	@	y	a	h	o	o	.	c	o	m
	Fax Number														

12. Number of additional places of business within or outside the state <i>(also please complete Annexure II)</i>	Godown / Warehouse	0	0
	Factory	0	1
	Shop	0	0
	Other place(s) of business	0	0

13. Details of main Bank Account	Account Number	1	2	3	4	5	6	7	8	9	0	0	0	0	0
	MICR Number														
	Name of Bank	D	E	N	A	B	A	N	K						
	Address of Bank	D	A	D	R	A		A	N	D		N	A	G	A
R			H	A	V	E	L	I		S	I	L	V	A	
S		S	A												

14. Details of investment in the business (details should be current as on date of application)	Own Capital (Rs.)	1	0	0	0	0	0	0	0	0	0	0	0
	Loans from Banks (Rs.)	5	0	0	0	0	0	0	0	0	0	0	0
	Other loans and borrowings (Rs.)												
	Plant & Machinery (Rs.)	2	0	0	0	0	0	0	0	0	0	0	0
	Land & Building (Rs.)	1	0	0	0	0	0	0	0	0	0	0	0
	Other assets & investments (Rs.)	3	0	0	0	0	0	0	0	0	0	0	0

15. Description of top 5 items you deal or propose to deal in (1-highest volume to 5-lowest volume)	Description of items
	1 ALL TYPES OF FABRICS
	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 preceeding year)	Tick one <input checked="" type="checkbox"/> if applicable	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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18. Security	(a) Amount of Security	Rs.	4	5	0	0	0						
	(b) Type of Security	FD											
	(c) Date of expiry of Security	0	1	/	0	1	/	2	0	2	0		
		Day				Month			Year				

19. Number of persons having interest in business	(also please complete Annexure I for each such person)																																		
20. Number of managers																																			
21. Number of authorised signatories																																			
22. Name of Manager	A	B	C	D										E	F	G	H																		
	First Name										Middle Name										Surname														

\* if more than one manager, attach particulars for additional managers on a separate sheet

23. Name of Authorised Signatory*	A	B	C	D										E	F	G	H																	
	First Name										Middle Name										Surname													

\* Please complete Annexure III

24. 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	S	I	L	V	A	S	S	A																										
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Date			Month			Year				
	Day			Month			Year			



10. Residential Address  <i>(If different from principle place of business)</i>	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Telephone Number																			
	Fax Number																			

11. Permanent Address  <i>(If different from residential address)</i>	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Telephone Number																			
	Fax Number																			

12. 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 <i>(first name, middle, surname)</i>	_____
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																
Address	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
			Day			Month														
State local sales tax/VAT/CST registration number																				
<i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</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																				
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Date			/			/				
		Day			Month				Year	

## Form DVAT 04: Annexure III

### Particulars of the authorised signatory

1. Full Name of Applicant Dealer  <i>(For individuals, provide in order of first name, middle name, surname)</i>	A	B	C	D		E	F	G	H		I	J	K	L					

2. Registration No.																			
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*\*This field is applicable when applying for amendment of registration in Form DVAT 07*

3. Name of Authorised Signatory  <i>(Provide in order of first name, middle name, surname)</i>	A	B	C	D		E	F	G	H		I	J	K	L					

4. Date of birth	1	6	/	1	1	/	1	9	9	0	5. Gender (tick <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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6. Father's / Husband's name	E	F	G	H						M	N	O	P					I	J	K	L		
	First Name								Middle Name						Surname								

7. PAN :	A	B	C	D	E	1	2	3	4	F	8. Passport No.												
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9. E-mail address	w	w	w	.	a	b	c	d	@	y	a	h	o	o	.	i	n						
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10. Residential Address  <i>(If different from principle place of business)</i>	Building Name/ Number	D	N	H		B	U	I	L	D	I	N	G		
	Area/ Road	S	I	L	V	A	S	S	A		A	M	L	I	
	Locality/ Market														
	Pin Code	3	9	6	2	3	0								
	Telephone Number	9	8	9	8	9	8	9	8	9	8				
	Fax Number														

11. Permanent Address  <i>(If different from residential address)</i>	Building Name/ Number	D	N	H		B	U	I	L	D	I	N	G		
	Area/ Road	S	I	L	V	A	S	S	A		A	M	L	I	
	Locality/ Market														
	Pin Code	3	9	6	2	3	0								
	Telephone Number	9	8	9	8	9	8	9	8	9	8				
	Fax Number														

12. Declaration

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the person named above is authorised to act as an authorised signatory for the above referred business for which application for registration is being filed/ is registered under the Dadra & Nagar Haveli VAT Regulation, 2005. All his actions in relation to this business will be binding on us.

S.No.

Full Name *(First name, Middle Name, Surname)*

Designation

Signature

13. Acceptance as an authorised signatory

I \_\_\_\_\_ hereby solemnly accord my acceptance to act as authorised 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																																		
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Date							
	Day		Month		Year		

**Instructions** for filling Registration Form (DVAT-04) (For details refer to Section 19 and Rule 12)

1. Please fill in all the details in CAPITAL letters.
2. Please note that you are **mandatorily** required to register if you:
  - (i) had turnover of more than Rupees 5 lakhs in the preceding financial year; or
  - (ii) exceed turnover of Rupees 5 lakhs in the current year; or
  - (iii) are liable to pay tax, or are registered or required to be registered under Central Sales Tax Act, 1956
3. Please note that irrespective of the quantum of turnover of the business, a dealer may apply for voluntary registration under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005.
4. For field 3, an **“importer”** means -
  - (i) a person who brings his own goods into Dadra & Nagar Haveli; or
  - (ii) a person on whose behalf another person brings goods into Dadra & Nagar Haveli; or
  - (iii) in the case of a sale occurring in the circumstances referred to in sub-section 2 of section 6 of the Central Sales Tax Act, 1956, the person in Dadra & Nagar Haveli to whom the goods are delivered
5. The application for registration under this Regulation should be filed within **30 days** from the date of person becoming liable for payment of tax.
6. For **field 8**, if the business does not have a PAN, then please mark ‘Applied for’ or ‘N/A’ as applicable.
7. For **field 15**, please fill the description of top 5 items on the basis of value of goods sold.
8. In case any of these details change, the dealer is required to intimate the department of the amendments within **one month** of the change.
9. The form has to be filled and signed by the authorised signatory of the business.
10. Businesses with a turnover of more than Rs 5 crores are mandatorily required to file returns every month. Businesses with a turnover of less than Rs 5 crores are required to file returns every quarter. They may however, elect to file their returns every month.
11. Registration application should 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 act 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 principle 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 any other person, by some person competent to act on his behalf.

**Instructions** for filling Registration Form (Annexures I, II and III)

1. In case of partnerships, Annexure I to be filled and signed by the managing partner plus top 4 other partners.
2. In case of companies, Annexure I to be filled and signed by the company secretary, the managing director and 3 other directors.
3. If required, make additional copies of the Annexures and attach with application form for registration (DVAT-04).
4. An amendment would be required each time a person changes (and not when the details of an existing person change)
5. In case of minors, the specimen signature of guardian/ trustee should be furnished.
6. In case of Annexure III, it is to be filled and signed by the person whose details are given in the Annexure.
7. Every sheet filled in the Annexures has to be signed by the same person (authorised signatory) who has signed the registration application.
8. In case any of the Annexures are not applicable, please strike off the same and write ‘Not Applicable’ on the said Annexure.

**Method of Calculating Security Amount**

<b>Prescribed Security Amount</b>		<b>(Rs)</b>	<b>50,000</b>
<b>Reduction sought (Maximum reduction available Rs. 25,000)</b>			<b>Rebate (Rs)</b>
1	Proof of ownership of principle place of business		15,000
2	Proof of ownership of residential property by proprietor/ managing partner		10,000
3	Copy of passport of proprietor/ managing partner		5,000
4	Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department		5,000
5	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)		5,000
6	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)		2,500