Department of Value Added Tax

Form DVAT 07 – Cover Page

(See Rule 15 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application for Amendment in Particulars subsequent to 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 _____

Department of Value Added Tax

Form DVAT 07

(See Rule 15 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application for Amendment(s) in Particulars subsequent to Registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

A. Registration No	2	6	0	0	0	0	0	0	0	0	1											

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

C. Amendment summary *(Please put field reference in which amendments are sought, date of amendment and reason for amendment(s). attach additional sheets if required)*

Field Ref.	Date (mm/dd/yy)	Reason(s)
	01/05/2017	

(Please fill in only those fields that are to be amended. All other fields should be left blank or struck out)

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

2. Trade Name (if any)	A	B	C	D		P	V	T		L	T	D							

3. Nature of Business *(Tick☑ all applicable)*

❑ Manufacturer ❑ Trader ❑ Leasing ❑ Works Contractor ❑ Others (specify) _____

4. Constitution of Business *(Tick☑ one as applicable)*

❑ Proprietorship	❑ Private Ltd. Company	❑ Public Sector Undertaking
❑ Partnership	❑ Government Company	❑ Government Corporation
❑ HUF	❑ Public Ltd. Company	❑ Govt Deptt/ Society/ Club/ Trust
❑ Others, please specify		

5. Type of Registration Tick ☑ one

❑ Mandatory ❑ Voluntary

5A. Opting for composition scheme under section 16(2) of the Regulation? Tick ☑ one

❑ Yes ❑ No

6. Annual Turnover Category Tick ☑ one

❑ Less than Rs. 5 lacs ❑ Rs. 5 lacs or above

(a) Turnover in preceding financial year	Rs.	1	0	0	0	0	0	0					
(b) Expected turnover in the current financial year	Rs.												

7. Date from which liable for registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

0	1	/	0	1	/	1	5
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	A	L	I
	Locality/ Market														
	Pin Code	3	9	6	2	3	0								
	Email Id	a	b	c	d	@	y	a	h	o	o	.	c	o	m
	Telephone Number														
	Fax Number														

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

12. Number of additional places of business within or outside the state *(also please complete Annexure II)*	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	S	I	L	V	A	S	S	A		A	M	L	I	
		D	A	D	R	A		A	N	D		N	A	G	A
R		R		H	A	V	E	L	I						

14. Details of investment in the business	Own Capital (Rs.)	1	0	0	0	0	0	0	0	0
(details should be current as on date of application)	Loans from Banks (Rs.)	5	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
	Land & Building (Rs.)	1	0	0	0	0	0	0	0	0
	Other assets & investments (Rs.)	3	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 YARNS
2	
3	
4	
5	

16. Accounting Basis	*Tick☑ one*	❑ Accrual	❑ Cash

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 ☑ if applicable*	❑ Monthly	❑ Quarterly

18. Security *(for modification, please complete Annexure IV)*	(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)*	0	0	1

20. Name of Manager	A	B	C	D						E	F	G	H					I	J	K	L			
	First Name									Middle Name								Surname						

21. Name of Authorised Signatory*	A	B	C	D						E	F	G	H					I	J	K	L			
	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																											

Date							
	Day		Month		Year		

Department of Value Added Tax

Form DVAT 07: Annexure I

Passport sized(signed) photograph of person

Amendment of existing particulars / addition of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business

Nature of change (tick ☑ as applicable)	❑ Addition	❑ Deletion	❑ Amendment
Date of change (mm/dd/yy)			

- *In case of amendments of existing particulars, please fill in Fields 1, 2 & 3 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out.*
- *In case of deletion of a person, please fill in Fields 1, 2 & 3 only*
- *in case of addition of a new person, please complete the Form in full*

1. Full Name of Applicant Dealer	A	B	C	D		P	V	T		L	T	D							
(For individuals, provide in order of first name, middle name, surname)																			

2. Registration No*.	2	6	0	0	0	0	0	0	0	0	1								

3. Full Name of Person	A	B	C	D		P	V	T		L	T	D							
(Provide in order of first name, middle name, surname)																			

4. Date of birth	1	6	/	1	1	/	1	9	9	0

5. Gender *(tick ☑ one)* ❑ Male ❑ Female

6. Father's / Husband's name	A	B	C	D				E	F	G	H			I	J	K	L					
	First Name							Middle Name						Surname								

7. PAN :	A	B	C	D	E	1	2	3	4	F	8. Passport No.									

9. E-mail address	w	w	w	.	a	b	c	d	@	y	a	h	o	o	.	c	o	m		

10. Residential Address	Building Name/ Number														
(If different from principle place of business)	Area/ Road	S	I	L	V	A	S	S	A		A	M	A	L	I
	Locality/ Market														
	Pin Code	3	9	6	2	3	0								
	Telephone Number														
	Fax Number														

11. Permanent Address	Building Name/ Number														
(If different from residential address)	Area/ Road	S	I	L	V	A	S	S	A		A	M	A	L	I
	Locality/ Market														
	Pin Code	3	9	6	2	3	0								
	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 *(first name, middle, surname)* _____

Designation _____

Place																											

Date			/			/				
	Day			Month			Year			

Department of Value Added Tax

Form DVAT 07: Annexure II

Details of additions / closure / amendment in particulars of additional places of business

(Please complete all details in full for all cases of additions, closures, amendments in particulars)

1. Full Name of Applicant Dealer	A	B	C	D		P	V	T		L	T	D	A	B	C	D			
(For individuals, provide in order of first name, middle name, surname)																			

2. Registration No.	2	6	0	0	0	0	0	0	0	0	1								

3. Details of Additional Places of Business *(attach additional sheets if required)*

Type ❑ Godown / Warehouse	❑ Factory	❑ Shop	❑ Other place of business
Nature of change (tick ☑ as applicable)	❑ Closure	❑ Addition	❑ Amendment
Date of change (mm/dd/yy)			

Address	Building Name/ Number														
	Area/ Road	S	I	L	V	A	S	S	A		A	M	L	I	
	Locality/ Market														
	Pin Code	3	9	6	2	3	0	3							
	Email Id														
	Telephone Number														
	Fax Number														
	Date of establishment			/			/								
		Day			Month			Year							
State local sales tax/VAT/CST registration number *(if place of business is situated outside Dadra & Nagar Haveli)*		2	6	0	0	0	0	0	0	0	0	1			

Type	❑ Godown / Warehouse			❑ Factory				❑ Shop				❑ Other place of business			
Nature of change (tick ☑ as applicable)				❑ Closure				❑ Addition				❑ Amendment			
Date of change (mm/dd/yy)															
Address	Building Name/ Number														
	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														
	Telephone Number														
	Fax Number														
	Date of establishment			/			/								
		Day			Month			Year							
State local sales tax/VAT/CST registration number *(if place of business is situated outside Dadra & Nagar Haveli)*		2	6	0	0	0	0	0	0	0	0	1			

Type	❑ Godown / Warehouse			❑ Factory				❑ Shop				❑ Other place of business			
Nature of change (tick ☑ as applicable)				❑ Closure				❑ Addition				❑ Amendment			
Date of change (mm/dd/yy)															
Address	Building Name/ Number														
	Area/ Road	S	I	L	V	A	S	S	I	L	V	A	S	S	I
	Locality/ Market														
	Pin Code	3	9	6	2	3	0								
	Email Id														
	Telephone Number														
	Fax Number														
	Date of establishment			/			/								
		Day			Month			Year							
State local sales tax/VAT/CST registration number *(if place of business is situated outside Dadra & Nagar Haveli)*		2	6	0	0	0	0	0	0	0	0	1			

Type	❑ Godown / Warehouse	❑ Factory	❑ Shop	❑ Other place of business
Nature of change (tick ☑ as applicable)		❑ Closure	❑ Addition	❑ Amendment
Date of change (mm/dd/yy)				

Address															
	Building Name/ Number														
	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														
	Telephone Number														
	Fax Number														
	Date of establishment			/			/								
		Day			Month			Year							
State local sales tax/VAT/CST registration number *(if place of business is situated outside Dadra & Nagar Haveli)*		2	6	0	0	0	0	0	0	0	0	1			

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			

Department of Value Added Tax

Form DVAT 07: Annexure III

Addition / Deletions / Amendments in Particulars of the authorized signatory

Nature of change (tick ☑ as applicable)	❑ Addition	❑ Deletion	❑ Amendment
Date of change (mm/dd/yy)			

- *(In case of amendments of existing particulars, please fill in Fields 1, 2 & 3 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out.*
- *(in case of addition of a new person, please complete the Form in full)*

1. Full Name of Applicant Dealer	A	B	C	D		P	V	T		L	T	D	A	B	C	D			
(For individuals, provide in order of first name, middle name, surname)																			

2. Registration No.	2	6	0	0	0	0	0	0	0	0	1								

3. Name of Authorised Signatory																			
(Provide in order of first name, middle name, surname)																			

4. Date of birth			/			/						

5. Gender *(tick ☑ one)* ❑ Male ❑ Female

6. Father's / Husband's name																							
	First Name							Middle Name						Surname									

7. PAN :											8. Passport No.												

9. E-mail address																				

10. Residential Address (If different from principle place of business)	Building Name/ Number														
	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														
	Fax Number														

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

Date								
	Day		Month		Year			

Department of Value Added Tax

Form DVAT 07: Annexure IV

Calculation of Modified Security

A. Prescribed Security Amount		**(Rs)**	**50,000**
B. Reduction sought (Maximum reduction available Rs. 25,000)		**Tick applicable items**	**Rebate (Rs)**
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
C. Total Reductions Allowed	**(Total of B1 to B6 as applicable, subject to maximum of Rs.25,000)**		
D. Security to be furnished		**(A-C)**	
E. Security already furnished and valid as on date			
F. Additional security (if any) to be furnished		**(D-E)**	

G. Additional Security	(a) Amount of Security	Rs.				
	(b) Type of Security					
	(c) Date of expiry of Security		Day /	Month /	Year	

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.