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

Plea	se tick as applicable
Mai	ndatory 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
	The second of th
<u>Opt</u>	ional 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)
Rea	sons for Rejection (For Office Use Only)
	Please tick as applicable
	□ Not attached Mandatory Supporting Document(s)
	☐ Other

Form DVAT 07

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

A. Registration No

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

B. Full Nan	ne of Dealer																				
	uals, provide in order of	first																			
name, miaa	le name, surname)																				
			eld re	efere	nce i	n whi	ich an	nendi	ment	s are :	sougl	nt, da	te of	amei	ndme	nt an	d red	son f	or an	endn	nent(
attach aac	litional sheets if requir	eu)																			
Field	Date										Reas	on(s)									
Ref.																					
	(mm/dd/yy)		field reference in which amendments are sought, date of amendment and reason for amendment(s). Reason(s)																		

(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	
(For individuals, provide in order of first	
name, middle name, surname)	
2. Trade Name (if any)	
3. Nature of Business	☐ Works ☐ Others (specify)
(Tick ☑ all applicable)	Contractor ———
4. Constitution of Business Proprietorship Private Ltd. Company	☐ Public Sector Undertaking
Tick ⋈ one as applicable) — —	_
	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
Less triair Ns. 3 lats	RS. 5 lacs of above
(a) Turnover in preceding financial year	
(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	
	Day Month Year

8. Permanent Account Number of the	e applicant dealer (PAN)												
9. Registration number under Centra	Il Excise Act (if applicable)												
				•	•			•					
10. Principle Place of Business	Building Name/ Number												
	Area/ Road												
	Locality/ Market												
	Pin Code												
	Email Id												
	Telephone Number												
	Fax Number												
					<u> </u>								
	Building Name/ Number	1							l			1	
11. Address for service of notice													
(If different from principle place of business)	Area/ Road												
	Locality/ Market												
	Pin Code								I.	1			
	Email Id												
	Telephone Number												
	Fax Number												
	<u> </u>			<u> </u>	1				<u> </u>	1	1	<u> </u>	
12. Number of additional places of bus	siness within or outside the stat	e			Go	dowr	1 / W	areh	ouse				
(also please complete Annexure II)					Fac	ctory							
. , , , , , , , , , , , , , , , , , , ,													
					Sho								
					Otl	ner p	lace(s) of	busir	ness			

13. Details of main Bank Account	Acco	ount Number													
	MICI	R Number													
	Nam	e of Bank													
	Addı	ress of Bank													
		Own Capital			(R:	- 1						1		1	
14. Details of investment in the business															
(details should be current as on date of application)		Loans from Bank				s.)									
		Other loans and	borro	wing	S	(Rs.)									
		Plant & Machine	ry		(F	Rs.)									
		Land & Building			(R	s.)									
		Other assets & ir	nvestr	nents	s (Rs.)									
												<u> </u>		<u> </u>	
15. Description of top 5 items you deal of	or propose	e to deal in					De	scrip	tion c	of ite	ms				
(1-highest volume to 5-lowest volume)															
		1													
		2													
		3													
		3													
		4													
		4													
		5													
		3													
16. Accounting Basis		Tick ☑	one					Accr	ual			Ca	sh		

17. Frequency of filing of retuless than Rs. 5 crores in					se turnov			Mon	thly			Quar	terly		
18. Security			Amount		у	R	ds.								
(for modification, please comp Annexure IV)	lete		Type of S Date of ex		ecurity			Day	/	Month	/		Ye	ar	
19. Number of persons having (also please complete Anne.		siness													
	,														
20. Name of Manager															
		First	Name	1 1	ı	∕liddle	Name			:	Surnar	ne		ļ	_
21. Name of Authorised															
Signatory*		First	Name		ı	∕liddle	Name			:	Surnar	ne			
22. Verification															
I/We true and correct to the best of	my/our know									rmation	given	here	inabo	ve is	
Signature of Authorised Signat	tory	_											-		
Full Name		_											-		
Designation		_											-		
Place		<u> </u>													
Date Day N	Month		Year												

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	=)		Additio	า			Delet	ion			Ame	ndme	nt			
Date of change (mm/dd/yy)																
																J
In case of amendments of existing	particulo	ars, ple	ase fill ir	n Fields	1, 2 &	3 and	thered	after d	only tho	se fiel	ds that	are t	o be d	men	ded. All	oth
fields should be left blank or struc	k out.															
• In case of deletion of a person, ple	ase fill in	Fields	1, 2 & 3	only												
in case of addition of a new person	n, please	comple	ete the F	orm in	full											
Full Name of Applicant Dealer																
(For individuals, provide in order of first name, middle name, surname)																
				+							-					
	l	<u> </u>		<u> </u>				J	l							
2. Registration No*.																
3. Full Name of Person																
(Provide in order of first name, middle																
name, surname)																
4. Date of birth /	/ [5.	Gender	(tick &	Øone)		Male	9		Fe	male		1
			1 1	_								1				
6. Father's / Husband's name																7
		First	Name			Midd	le Nan	ne				Surnar	me			1

7. PAN :		8. Passport No.	
9. E-mail address			
10. Residential Address	Building Name/ Number		
(If different from principle place of business)	Area/ Road		
	Locality/ Market		
	Pin Code		
	Telephone Number		
	Fax Number		
11. Permanent Address	Building Name/ Number		
(If different from residential address)	Area/ Road		
	Locality/ Market		
	Pin Code		
	Telephone Number		
	Fax Number		

I/We true and cor	rect to th	ne bes	t of n	ny/oι	ur kn	owle	dge i	and l	he	ereb f and	y sol d no	emn thing	ily at	ffirm s bee	an en c	d de	eclar	e tha	et th	e inf om.	orm	atior	n giv	ven	here	einal	bove	is is
Signature of	Authoris	ed Sig	nato	ry			_																			_		
Full Name (ʻfirst nam	ne, mid	ddle, :	surno	ime)																					_		
Designation							_																			_		
			1	1																								
Place																												
i iace																												
i iace		I	•																									
Date		/			/				T	7																		

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																				
(For individuals, provide in order of first name, middle name, surname)																				
name, miaule name, surname)																			_	
2. Registration No.																				
																				İ
3. Details of Additional Places of Busine	ess			(at	tach o	ıdditio	nal sh	eets i	f reau	ired)			7							
3. Setails of Additional Flaces of Business				101	tuen u	- Control	1101 311		regui	reay										
Type Godown / Warehous	se			Fac	tory			[<u> </u>	Shop					Othe	er pla	ce of	busir	ness	
Nature of change (tick ☑ as applicab	le)			Clo	sure			Į	<u> </u>	Addit	ion				Ame	ndm	ent			_
Date of change (mm/dd/yy)																				
Address	Bui	ilding	Nam	ne/ N	umbe	er														
	Are	ea/ R	oad																+	_
	Loc	cality	/ Ma	rket																
	Pin	Cod	e																	_
	Em	nail Id																		
	Tel	epho	ne N	umbe	er															
	Fax	k Nun	nber																-	
		te of		alichn	nent				/			/								
	Da	16 UI	coldi	JIIOIII	iicill		_		'		mak	,		V						
								ay		Mo	rith			Ye	ar -					
State local sales tax/																				
(if place of business is situat																				

Type Godown / W	arehouse			Shop				Oth	er pla	ace o	f busi	ness	
Nature of change (tick ☑ as a	pplicable)			Addit	ion			Ame	endn	nent			
Date of change (mm/dd/yy)													
Address	Building Name/ Number												
	Area/ Road												
	Locality/ Market												
	Pin Code						<u> </u>	<u> </u>					
	Email Id												
	Telephone Number												
	Fax Number												
	Date of establishment		/			/							
		Day		Мо	nth		Ye	ar					
State local sa	les tax/VAT/CST registration number												
(if place of business	is situated outside Dadra & Nagar Haveli)												
Type													
Godowii/ W				Shop				Oth	er pla	ace o	f busi	ness	
Nature of change (tick ☑ as a	Closure			Addit	ion			Ame	endm	nent			
Date of change (mm/dd/yy)													
Address	Building Name/ Number												
	Area/ Road												
	Locality/ Market												
	Pin Code						l	l					
	Email Id												
		+	+										
	Telephone Number												
	Telephone Number Fax Number												
			/			/							
	Fax Number	Day	/	Mo	onth	/	Ye	ear					
State local sa	Fax Number	Day	/	Mo	onth	/	Ye	ear					

Type Godown / Warehous	e 🖵 Factory]	Shop				Othe	r plac	e of b	ousines	SS
Nature of change (tick ☑ as applicabl	e) 🔲 Closure)	Addition				Amer	ndme	nt		
Date of change (mm/dd/yy)												
Address	Building Name/ Number											
	Area/ Road											
	Locality/ Market											
	Pin Code						l		<u> </u>			
	Email Id											
	Telephone Number											
	Fax Number											
	Date of establishment		/		/							
		Day		Month			Υe	ar				
State local sales tax/\	/AT/CST registration number											
(if place of business is situate	d outside Dadra & Nagar Haveli)											
I/We true and correct to the best of my/our Signature of Authorised Signatory	knowledge and belief and nothii							ation ;	given	here	inabov	e is
Full Name (first name, middle, surnam	e) 										-	
Designation											-	
Place												
				1 1		<u> </u>	<u> </u>				ı	
Date Day Month	/ Year											

Form DVAT 07: Annexure III

Addition / Deletions / Amendments in Particulars of the authorized signatory

Nature of change (tick ☑ as applicab	ole)		Addition			Deletic	on		Amend	ment				
Date of change (mm/dd/yy)														
 (In case of amendments of existing other fields should be left blank of the control /li>	or struck	k out.				nd therea	fter only t	hose fie	ds that a	re to be	amended. All			
Full Name of Applicant Dealer														
1. Full Name of Applicant Dealer														
(For individuals, provide in order of first name, middle name, surname)														
2. Registration No.														
3. Name of Authorised Signatory														
(Provide in order of first name, middle name, surname)														
		I	<u> </u>	1 1			1 1							
4. Date of birth /	/				5. Gend	er (tick Ø	one)	Male		☐ Fei	male			
	1 1													
6. Father's / Husband's name		Firs	t Name		Mic	ddle Nam	e		Sur					
7. PAN :					8. P	assport N	0.							

9. E-mail address																					
10. Residential Address	Bui	ilding	Nan	ne/ N	lum	ber															
(If different from principle place of	Are	ea/ Ro	oad				-									 					
business)	Loc	cality	/ Ma	rket												 					
	Pin	Code	e															<u> </u>		<u> </u>	
	Tel	epho	ne N	umb	er																
	Fax	k Nun	nber																		
					I	1	ı	1	<u> </u>		1										
11. Permanent Address	Rui	ilding	Nan	ne/ N	lum	her		1					1	1		$\overline{}$		1		·	
11. Fermanent Address																					
(If different from residential address)	Are	ea/ Ro	oad																		
	Loc	cality	/ Ma	rket																	
	Pin	Code	e												ı			1			
	Tel	epho	ne N	umb	er																
	Fax	k Nun	nber																		
	•						•						•	,			•				
12. Declaration																					
I/We						h	oroby	col	omr	alv a	ffirm	and	docla	ro th	at th	o nor	con n	iamed	d aho	vo is	
authorised to act as an authorised sign	natory	y for t	the a	bove	e ref																
registered under the Regulation. All hi	s acti	ons ir	rela	tion	to t	this b	usines	SS W	ill b	e bii	nding	g on (JS.								
S.No.																					
Full Name (First name, Middle Name,	Surna	ıme)																			
Designation																					
Signature																					

	hereby solemnly accord my acceptance to act as authorised signatory for eferred business and all my acts shall be binding on the business.															or th	e ab	ove					
Signature of	Authoris	ed Się	gnator	γ			_											 	 		_		
Full Name (first nam	e, mi	ddle, s	surno	ame)																_		
Designation							_														_		
Place																							
Date																							
	Day		Мо	nth			Υ	ear															

Form DVAT 07: Annexure IV

Calculation of Modified Security

A. Pı	rescribed Security Amount					(F	Rs)				50,00
B. Re	eduction sought (Maximum red	luction available Rs. 25,000)			Tick		L L-1	- :4		Re	ebate (Rs
						ap	plicable	e iten	18		
1	Proof of ownership of princip	ple place of business									15,00
2	Proof of ownership of reside	ntial property by proprietor/ managing p	artner								10,00
3	Copy of passport of proprieto	or/ managing partner									5,00
4	Copy of Permanent Account Tax Department							5,00			
5		The bill should be in the name of the bus place of business in the registration for		he							5,00
6	Copy of last telephone bill (Taddress specified as the main					2,50					
C. To	otal Reductions Allowed	(Total of B1 to B6 as applicable, subj	ject to maxim	um of	Rs.25	,00	0)				
D. Se	curity to be furnished				(A	·-C)				
E. Se	curity already furnished and v	alid as on date									-
F. Ac	lditional security (if any) to be	furnished			(]	D-F	Ε)				
- A	1122 10 24	() A (60)		1			1 1				
G. A	dditional Security	(a) Amount of Security	Rs.						\perp		
		(b) Type of Security									
		(c) Date of expiry of Security				/		/			
				D	ay		Mont	h		'	Year
				•	•						
Verif	cation										
I/We		hereby solemnly af	firm and dock	aro that	t tha i	nfo	rmation	a givo	n hai	roinah	ovo is
1 -		ir knowledge and belief and nothing has					illiatioi	give	II IIEI	Ciliabi	JVE IS
true	and correct to the best of my/or	r knowledge and belief and nothing has	been concean	ieu tiie	ienon						
Signa	ture of Authorised Signatory									_	
Full N	Iame <i>(first name, middle, surna</i>	ume)									
Docin	enation										
Desig	nation									_	

Place																	
Date			/			/											
	Da	У		Mon	ith		Ye	ar									

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.