

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 \_\_\_\_\_



(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  <i>(For individuals, provide in order of first name, middle name, surname)</i>																			

2. Trade Name (if any)																			
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3. Nature of Business <i>(Tick <input checked="" type="checkbox"/> all applicable)</i>	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trader	<input type="checkbox"/> Leasing	<input type="checkbox"/> Works Contractor	<input type="checkbox"/> Others (specify) _____
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4. Constitution of Business <i>(Tick <input checked="" type="checkbox"/> one as applicable)</i>	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Private Ltd. Company	<input type="checkbox"/> Public Sector Undertaking
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government Company	<input type="checkbox"/> Government Corporation
	<input type="checkbox"/> HUF	<input type="checkbox"/> Public Ltd. Company	<input type="checkbox"/> Govt Deptt/ Society/ Club/ Trust
	<input type="checkbox"/> Others, please specify		

5. Type of Registration	Tick <input checked="" type="checkbox"/> one <input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary
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5A. Opting for composition scheme under section 16(2) of the Regulation?	Tick <input checked="" type="checkbox"/> one <input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Annual Turnover Category	Tick <input checked="" type="checkbox"/> one <input type="checkbox"/> Less than Rs. 5 lacs	<input type="checkbox"/> Rs. 5 lacs or above																			
(a) Turnover in preceding financial year	Rs.	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																			
(b) Expected turnover in the current financial year	Rs.	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																			

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 applicant dealer (PAN)																				
9. Registration number under Central Excise Act (if applicable)																				

10. Principle Place of Business	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			

11. Address for service of notice  (If different from principle place of business)	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			

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

13. Details of main Bank Account	Account Number																		
	MICR Number																		
	Name of Bank																		
	Address of Bank																		

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

15. Description of top 5 items you deal or propose to deal in <i>(1-highest volume to 5-lowest volume)</i>	Description of items
1	
2	
3	
4	
5	

16. Accounting Basis	<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) <i>Tick one <input checked="" type="checkbox"/> if applicable</i>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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18. Security <i>(for modification, please complete Annexure IV)</i>	(a) Amount of Security Rs.												
	(b) Type of Security												
	(c) Date of expiry of Security		/		/								
		Day		Month		Year							

19. Number of persons having interest in business <i>(also please complete Annexure I)</i>	
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20. Name of Manager												
	First Name				Middle Name				Surname			

21. Name of Authorised Signatory*												
	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	
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Date			
	Day	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 <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> 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  (For individuals, provide in order of first name, middle name, surname)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																															

2. Registration No*.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					

3. Full Name of Person  (Provide in order of first name, middle name, surname)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																															

4. Date of birth <table border="1" style="display: inline-table; width: 30px;"> <tr><td></td></tr> </table> / <table border="1" style="display: inline-table; width: 30px;"> <tr><td></td></tr> </table> / <table border="1" style="display: inline-table; width: 60px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							5. Gender (tick <input checked="" type="checkbox"/> one)	<table border="1" style="display: inline-table;"> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> Female</td> </tr> </table>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Female									

6. Father's / Husband's name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																						
	First Name						Middle Name						Surname																										







## 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	
<i>(For individuals, provide in order of first name, middle name, surname)</i>	

2. Registration No.	
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3. Details of Additional Places of Business	<i>(attach additional sheets if required)</i>
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Type		<input type="checkbox"/> Godown / Warehouse		<input type="checkbox"/> Factory		<input type="checkbox"/> Shop		<input type="checkbox"/> Other place of business	
Nature of change (tick <input checked="" type="checkbox"/> as applicable)		<input type="checkbox"/> Closure		<input type="checkbox"/> Addition		<input type="checkbox"/> Amendment			
Date of change (mm/dd/yy)									
Address	Building Name/ Number								
	Area/ Road								
	Locality/ Market								
	Pin Code								
	Email Id								
	Telephone Number								
	Fax Number								
	Date of establishment		/		/				
	Day		Month		Year				
State local sales tax/VAT/CST registration number									
<i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>									

Type		<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business																
Nature of change (tick <input checked="" type="checkbox"/> as applicable)		<input type="checkbox"/> Closure	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment																	
Date of change (mm/dd/yy)																					
Address	Building Name/ Number																				
	Area/ Road																				
	Locality/ Market																				
	Pin Code																				
	Email Id																				
	Telephone Number																				
	Fax Number																				
	Date of establishment			/			/														
		Day		Month		Year															
State local sales tax/VAT/CST registration number																					
<i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>																					

Type		<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business																	
Nature of change (tick <input checked="" type="checkbox"/> as applicable)		<input type="checkbox"/> Closure	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment																		
Date of change (mm/dd/yy)																						
Address	Building Name/ Number																					
	Area/ Road																					
	Locality/ Market																					
	Pin Code																					
	Email Id																					
	Telephone Number																					
	Fax Number																					
	Date of establishment			/			/															
		Day		Month		Year																
State local sales tax/VAT/CST registration number																						
<i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>																						





9. E-mail address																				
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10. Residential Address  (If different from principle place of business)	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Pin Code																		
	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																		

<p>12. Declaration</p> <p>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.</p> <p>S.No.</p> <p>Full Name <i>(First name, Middle Name, Surname)</i></p> <p>Designation</p> <p>Signature</p>
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## Form DVAT 07: Annexure IV

Calculation of Modified Security

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

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																																		
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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.