Department of Trade and Taxes Government of NCT of Delhi

Form DVAT 04 – Cover Page

[See Rule 12]

Application for Registration under Delhi Value Added Tax Act, 2004

Checklist of Supporting Documents

Ple	ease tick as applicable
M	andatory Supporting Documents
	Parts A, B, C & D of the Form duly filled in (in case any of the parts is not applicable, please mark accordingly)
	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 along with duly filled Form DVAT-12
<u>O</u>	otional Supporting Documents (For reduction in Security Amount)
	Proof of ownership of principal 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 Trade and Taxes Government of NCT of Delhi

Form DVAT 04

[See Rule 12]

PART - A

Application for Registration under Delhi Value Added Tax Act, 2004

1. Full Name of Applicant Dealer														
2. Nature of □ Manufac-□ Trader □ Le Business turer (Tick ☑ all applicable)	easing		Woi Con			Ex	port	er [⊒ In	npor	ter		Other spec	
3. Constitution of Proprietorship Business			rivate ompa		l.						ecto king			
Company Condertaking Company Condertaking (Tick \(\overline{D}\) one as \(\overline{P}\) applicable) Government Company Corporation \(\overline{HUF}\) Public Ltd. Company Govt Deptt/ Society/ Club/ Trust														
(Tick Ø one as applicable) □ Partnership Government Company □ Government Corporation □ HUF □ Public Ltd. Company □ Govt Deptt/ Society/Club/ Trust														
☐ Others, please sp	ecify													
4. Type of Registration Tick ☑	one			Man	dato	ory			Vo	lunt	ary			
												•		
5. Opting for composition scheme under se	ection	16 0	of the	e Ac	t?	Tick	V	one			Y	es	□ N	0
6. Annual Turnover Category Tick ☑ o	ne		Less	than	Rs.	101	acs		Rs	. 10	lacs	or a	bove	e
(a) Turnover in preceding financial year	r	Rs.												
(b) Expected turnover in the cu financial year	ırrent	Rs.												
												_		
7. Date from which liable for registration un	nder D	Delhi	Val	ue A	ddeo	d L		/				/		
Tax Act, 2004							Day		<u>I</u>	Mon	<u>th</u>		Ye	<u>ar</u>

8. Permanent Account Number	er of the applicant dealer (PAN	1)													
					1				1							
9. Registration number under	Central Excise Act (if ap	plic	abl	<i>e</i>)												
10. Principal Place of	Building Name/ Number	r														
Business	Area/ Road															
	Locality/ Market															
	Pin Code															
	Email Id															
	Telephone Number															
	Fax Number															
						•	•									
11. Address for service of	Building Name/ Number	•														
notice	Area/ Road															
(If different from principal place of	Locality/ Market															
business)	Pin Code															
	Email Id															
	Telephone Number															
	Fax Number															
											-					
12. Number of additional place outside the state	ees of business within or				W	are	ehou	ıse								
(also please complete Par	t C)			У										<u> </u>		
			_											<u> </u>		
		Oth	er	plac	ce(s) (of b	usin	es	S						
12 D. I. S. I. D. I.	A (37 1								1			<u> </u>	T			\neg
13. Details of main Bank Account									-							
			-													
			-													
	Area/ Road Locality/ Market Pin Code Email Id Telephone Number Fax Number Building Name/ Number Area/ Road Locality/ Market Pin Code Email Id Telephone Number Fax Number Area/ Road Locality/ Market Pin Code Email Id Telephone Number Fax Number Al places of business within or Godown / Warehouse Factory Shop Other place(s) of business															
	_		-			-			+			+			-	

	1									-		- 1	- 1				1
14. Details of investment in	Own Cap	oital				(F	Rs.)										
the business (details should be current	Loans fro	om B	anks	S		(F	Rs.)										
as on date of application)	Other loa	ans ar	nd b	orro	owin	gs (F	Rs.)										
	Plant & I	Mach	iner	У		(I	Rs.)										
	Land & 1	Build	ing			(F	Rs.)										
	Other ass	sets &	z inv	vest	tmen	ts (F	Rs.)										
15. Description of top 5 items	you deal		Des	crij	ption	of it	tem	S			Co	mn	nodi	ty (Code	e	
or propose to deal in		1															
volume to 5-lowest volume)	2															
		3															
		4															
		5															
		<u> </u>															
16. Accounting Basis	Tick L	🗹 on	\overline{e}			1 A	ccru	al			<u> </u>	Cas	h				
17. Security (a) Amo	unt of Sec	urity		Rs	s.												
(b) Type	of Securit	ty						ı						ı			1
(c) Date	of expiry	of Se	curit	ty				/				/					
						D	ay		M	Iont	h			,	Yea	r	
						1							<u> </u>				
18. Number of persons having such person)	interest in	n bus	ines	s (a	also	pleas	se c	omp	olete	Par	t B	fo	r ea	ch			
19. Number of managers																	
20. Number of authorised signa	ntories																
20. Ivaliber of authorised signe																	
21. Name of Manager																	
	First N	Jame				Mi	iddl	e Na	ame				Su	ırna	me		
* if more than one manager,			rs fo	or a	dditi					n a	sep	ara					
22. Name of Authorised																	
Signatory*	First N	Jame		1	+	<u> </u> М;	 	_ e Ni	ame				Çı	ırna	me		
*Please complete Part D	I HSt IV	anne				171	idul	O 1 40	aiiiC				50	•111a	.1110		
i icase communete i art i j																	

23. Verifi	catio	n																
I/Weinformation nothing has	_					and o									and de dge ar			
Signature	of A	uthorise	ed Sig	gnator	y		_											
Full Name	e						_											
Designation	on/St	atus					_											
Place																		
Date																		
	Da	ay	Mo	nth		Year												
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	(Atto	ach part	ticula	ers on	separa	te sh	eet fo	r ea	ch pei	rson	havir	ıg ini	teres	t in E	ousines	ss)		
1. Full N	ame o	of Appli	icant	Deale	er													
2. Full Na in busin (Provid middle	ness de in	order	of															
3. Date of	birth	1	/		/ [4. Gei	nder	(tick	🛭 or	ıe)		Male		Fen	nale

5. Father's / Husband's name																			
	Firs	t Na	me				Mi	ddle	Na	me			Su	rna	me				
5. Father's / Husband's name First Name 6. PAN: 7. Pa 8. E-mail address (If different from principal place of business) 9. Residential Address (If different from Fax Number 10. Permanent Address (If different from residential address) 10. Permanent Address (If different from residential address) 11. Whether engaged in any other business If yes, give details:- (i) Name & address of other business (ii) TIN (iii) TIN																			
6. PAN: 8. E-mail address 9. Residential Address (If different from principal place of business) 10. Permanent Address (If different from Fax Number) 10. Permanent Address (If different from residential address) Building Nath Area/ Road Locality/ May Pin Code Telephone Nath Pin Code			7.	Pa	ssp	ort i	No.												
6. PAN: 8. E-mail address 9. Residential Address (If different from principal place of business) 10. Permanent Address (If different from residential address) 10. Permanent Address (If different from residential address) 11. Whether engaged in any other business 11. Whether engaged in any other business (i) Name & address of other business																			
	Buil	ding	Na	ime/	Nu	mb	er												
	Area	a/Ro	oad																
	Loca	ality	/ M	arket	t														
	Pin	Code	2																
	Tele	phoi	ne l	Numl	ber														
	Fax	Nun	ıbe	r															
10. Permanent Address	Buil	ding	Na	ime/	Nu	mb	er												
	Area	a/Ro	oad																
restaentiai daaress)	Loca	ality	/ M	arket	t														
	Pin	Code	2																
	Tele	phoi	ne l	Numl	ber														
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11. Whether engaged in any o	Building Name Area/ Road Locality/ Management Address The sidential Address and Locality Area Area Area Area Area Area Area Area								,					No					
If yes, give details:-						Г			ı	1			1	I				1	
(i) Name & address of other	er busi	ness																	
(ii) TIN																			
(iii) Status																			

^{*}if engaged in two or more other business, attach details on a separate sheet

12. Verifica	ition											
I/We information nothing has	given he	reinabov	e is	true a		ect to		oy so of r	•			
Signature of	f Authoris	ed Signa	tory									
Full Name	(first nam	ne, midd	le, sui	name) .		 			 	 	
Designation	/Status											
Place												
Date												
	Day	Month		Y	ear							

Form DVAT 04 PART - C

Details of additional places of business

1. Full Nar	ne of Applicant Dealer																	
	rr															+		
																+		
	Additional Places of Business					-						heets						
Type \Box		Fac	tor	У	1		Sho	p		<u>ַ</u>	Oth	er pl	ace	of	bus	ines	SS	
Address	Building Name/ Number	_														+		
	Area/ Road															\perp		
	Locality/ Market																	
	Distt.															_		
	State																	
	Pin Code											1	1	1				
	Email Id																	
	Telephone Number																	
	Fax Number																	
	Date of establishment				,			,										
			Da	y	/	Mo	nth	/			Ye	ar						
State local	sales tax/VAT/ CST registration	n																
	numbe																	
(if place of	business is situated outside Delhi	i)																
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Type		Fac	ior	У			Shoj	<u>Р</u>		<u> </u>	Oui	er pl	ace	01	bus	mes	S	
Address	Building Name/ Number															-		
	Area/ Road															+		
	Locality/ Market	+								+						+		
	Distt.	+							+							+		
	State	+							+									
	Pin Code													1		\neg	1	
	Email Id								+							_		
	Telephone Number																	
	Fax Number	_																
	Date of establishment				/			_ /										
			Da	y		Mo	nth	<u> </u>	-		Ye	ar	1					
State local	sales tax/VAT/ CST registration																	
(10.1	numbe																	
(if place of	business is situated outside Delhi	i)																

Type		Godown / Warehouse	acto	ry			Shop	ı		Oth	er pl	ace	of	busir	ness	
Address		Building Name/ Number														
		Area/ Road														
		Locality/ Market														
		Distt.														
		State														
		Pin Code														
		Email Id														
		Telephone Number														
		Fax Number														
		Date of establishment			/			/								
			D	ay		Me	onth			Ye	ar					
State lo	ocal	sales tax/VAT/ CST registration	_													
(if place	αf	number														
(ij piace	OJ I	business is situated outside Delhi)			_,	-					-		-			
Type		Godown / Warehouse	acto	ry			Shop			Othe	er pla	ace	of t	ousin	ess	
Address		Building Name/ Number														
		Area/ Road														
		Locality/ Market														
		Distt.														
		State														
		Pin Code														
		Email Id														
		Telephone Number														
		Fax Number														
		Date of establishment			/			/								
			Da	ay		Mo	onth			Ye	ar					
State loc	cal s	ales tax/VAT/ CST registration														
(10.1	0.	number					1		<u>. </u>	ı				ı		
(if place o	of bi	usiness is situated outside Delhi)														

3. Verification	
I/We information given hereinabove is true and correct to the	hereby solemnly affirm and declare that the ne best of my/our knowledge and belief and
nothing has been concealed therefrom.	
Signature of Authorised Signatory	
Full Name (first name, middle, surname)	
Designation/Status	
N I I I I I I I I I I I I I I I I I I I	
Place	
Date	
Day Month Year	

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Form DVAT 04 PART - D

Particulars of the authorised signatory

Please affix a passport size photograph of the person whose particulars are being given in this form

(Attach separate forms giving particulars of each authorized signatory, in case of more than one authorized signatories)

1. Full Name of Appl	icant De	aler																				
<u> </u>					 		1					l I		1 1		ı	1	1			1 1	
2. Name of Authorise	_	-																				
(Provide in order on name, surname)	of first n	ame,	, mic	ldle																		
(Ref. Instruction No	. 9)																					
3. Date of birth	/		/				4.	Ge	nde	r (t	ick	Ø	one	e)		ı N	Mal	e		Fe	ma	le
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5. Father's / Husband	's name																					
				Firs	t Na	me	ı		N	Iido	lle	Naı	me			•	S	urr	an	ne		
		,																				
6. PAN :						7. I	Pass	por	t N	ο.												
																	-					
8. E-mail address																						
				•		•	•	•	•		-	•						•		•	•	
9. Residential Address	s	Bu	ildin	g Na	me/	Nun	ıber															
(If different from pr	rincipal	Are	ea/ R	load				Ī														
place of business)		Lo	calit	y/ M	arke	t																
		Dis	stt.					ŀ														
		Sta	ite					-														
		Pin	ı Coo	le											ı						l l	
			lepho		Num	ber																
			x Nu																			

10. Permanent Address	Building Name/ Number											
(If different from	Area/ Road											
residential address)	Locality/ Market											
	Distt.											
	State											
	Pin Code											
	Telephone Number											
	Fax Number											
11. Declaration												
				•	olemr	•						
that the person named above business for which application				_	•							
2004. All his actions in relati	=		_	icu	unde	1 111	CD	CIII	1 V	ΑI	A	υι,
	Full Name			natic	n/Sta	atus	ı		Sig	ona	ture	a
	e, Middle Name, Surname)	_	-0-6-		.11, 200				~-7	5		-
1.												
2.												
 3. 												
3.												
3.	sed signatory											
3.4.12. Acceptance as an authorisI	here	by solem										as
3.4.12. Acceptance as an authoris	here											as
3.4.12. Acceptance as an authorisI	here bove referred business and all											as
3. 4. 12. Acceptance as an authorise I	here bove referred business and all atory											as
3. 4. 12. Acceptance as an authoris I authorised signatory for the a Signature of Authorised Signa	here bove referred business and all atory											as
3. 4. 12. Acceptance as an authorise I authorised signatory for the a Signature of Authorised Signature of Full Name (first name, midd)	bove referred business and all											as
3. 4. 12. Acceptance as an authorise I authorised signatory for the a Signature of Authorised Signature of Full Name (first name, midd)	bove referred business and all											as
3. 4. 12. Acceptance as an authorise I authorised signatory for the a Signature of Authorised Signature of Authorised Signature (first name, midd Designation/Status)	bove referred business and all											as
3. 4. 12. Acceptance as an authorise I authorised signatory for the a Signature of Authorised Signature of Authorised Signature (first name, midd Designation/Status)	bove referred business and all											as

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:
 - (i) your turnover at any time during a financial year exceeds taxable quantum; or
 - (ii) you are liable to pay tax, or are registered or required to be registered under Central Sales Tax Act, 1956

('Taxable quantum' is Rs. 10 lacs except in the case of an importer where it is NIL)

- 3. Please note that irrespective of the quantum of turnover of the business, a dealer may apply for voluntary registration under the Delhi Value Added Tax Act, 2004.
- 4. For field 3, an "**importer**" means -
 - (i) a person who brings his own goods into Delhi; or
 - (ii) a person on whose behalf another person brings goods into Delhi; 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 Delhi to whom the goods are delivered
- 5. The application for registration under this Act should be filed within **thirty 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 five items on the basis of value of goods sold.
- 8. In case of any change in these details, the dealer is required to intimate the department of the amendments within **one month** of the change. (please refer to section 21)
- 9. Registration application should be verified and signed by the Authorized Signatory, who is:
 - (i) in the case of an individual, the individual himself, and where the individual is absent from India, either the individual or some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, his guardian or any other person competent to act on his behalf;
 - (ii) in the case of a Hindu Undivided Family, a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, any other adult member of such family;
 - (iii) in the case of a company or local authority, the principal officer thereof;
 - (iv) in the case of a firm, any partner thereof, not being a minor;
 - (v) in the case of any other association, any member of the association or persons;
 - (vi) in the case of a trust, the trustee or any trustee; and
 - (vii) in the case of any other person, the person competent to act on his behalf.
- 10. In case of partnerships, Part B is to be filled and signed by the managing partner plus top four other partners.

- 11. In case of companies, Part B is to be filled and signed by the company secretary, the managing director and 3 other directors.
- 12. If required, make additional copies of the Parts and attach with application form for registration (DVAT-04).
- 13. An amendment would be required each time a person changes (and not when the details of an existing person change)
- 14. In case of minors, the specimen signature of guardian/trustee should be furnished.
- 15. In case of Part D, it is to be filled and signed by the person whose details are given in the Part.
- 16. Every sheet filled in the Parts has to be signed by the same person (authorised signatory) who has signed the registration application.
- 17. In case any of the Parts are not applicable, please strike off the same and write 'Not Applicable' on the said Part.

Method of Calculating Security Amount

Prescribed Security Amount (Rs) Reduction sought (Maximum reduction available Rs. 50,000)		1,00,000 Rebate (Rs)
2	Proof of ownership of residential property by proprietor/ managing partner	20,000
3	Copy of passport of proprietor/ managing partner	10,000
4	Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department	10,000
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)	10,000
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)	5,000