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

***Please tick as applicable***

**Mandatory 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

**Optional 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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. Nature of | | | Manufac- Trader Leasing | | | | Works | | | | Exporter Importer | | | | | | | | | | | | | | Others | | | |  |
|  | Business | | turer | |  |  | Contractor | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (specify) | | | |  |
| *(Tick all* | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_ | | | |  |
| *applicable)* | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. | Constitution of | | | Proprietorship | |  | Private Ltd. | | | |  |  |  |  |  | Public Sector | | | | | | | | | | | | |  |
|  | Business | |  |  |  |  | Company | | | |  |  |  |  |  |  |  | Undertaking | | | | | | |  |  |  |  |  |
|  | *(Tick one as* | | | *Partnership* | |  | Government | | | |  |  |  |  |  | Government | | | | | | | | |  |  |  |  |  |
|  | *applicable)* | |  |  |  |  | Company | | | |  |  |  |  |  |  |  | Corporation | | | | | | |  |  |  |  |  |
|  |  |  |  | *HUF* |  |  | Public Ltd. Company | | | | | | | | | Govt Deptt/ Society/ | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Club/ Trust | | | | | | |  |  |  |  |  |
|  |  |  |  | Others, please specify | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4. | Type of Registration | | | | Tick one | | Mandatory | | | | | | | | | Voluntary | | | | | | | | |  |  |  |  |  |
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| 5. | Opting for composition scheme under section 16 of the Act? | | | | | | | | | | Tick one | | | | | | |  |  |  |  | Yes | | | | No | | |  |
|  |  | | | |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
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| 6. | Annual Turnover Category | | | | Tick one | | Less than Rs. 10 lacs | | | | | | | | |  | Rs. 10 lacs or above | | | | | | | | | | | |  |
|  |  |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (a) | Turnover in preceding financial year | | | | | Rs. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (b) | Expected | | turnover in | the | current Rs. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | financial year | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  | */* |  |  |  |  |
| 7. | Date from which liable for registration under Delhi Value Added | | | | | | | | | | | |  | |  |  | */* |  |  |  |  |  |  |  |  |  |  |  |
|  | Tax Act, 2004 | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Day | | |  |  |  |  | Month | | | |  |  |  | Year | |  |
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8. Permanent Account Number of the applicant dealer (PAN)

9. Registration number under Central Excise Act *(if applicable)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10. Principal | Place | of | Building Name/ Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Business |  |  | Area/ Road |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Locality/ Market |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Pin Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Email Id |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Telephone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Fax Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Address for service of notice

*(If different from principal place of business)*

Building Name/ Number

Area/ Road

Locality/ Market

Pin Code

Email Id

Telephone Number

Fax Number

1. Number of additional places of business within or outside the state

*(also please complete Part C)*

Godown / Warehouse Factory

Shop

Other place(s) of business

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 13. Details of main Bank | Account Number |  |  |  |  |  |  |  |  |  |  |  |  |
| Account |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MICR Number |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Name of Bank |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address of Bank |  |  |  |  |  |  |  |  |  |  |  |  |
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| 14. Details of investment in |  | Own Capital | | (Rs.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| the business |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Loans from Banks | | (Rs.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (details should be current |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Other loans and borrowings (Rs.) | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| as on date of application) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Plant & Machinery | | (Rs.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Land & Building | | (Rs.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Other assets & investments | | (Rs.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 15. Description of top 5 items you deal | | | Description of items | |  |  |  |  | Commodity Code | | | | | | | | |  |
| or propose to deal in | *(1-highest* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *volume to 5-lowest volume)* | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 16. | | Accounting Basis |  |  |  |  |  | *Tick one* | | | | | | |  |  |  | Accrual | | | | | | |  |  |  | Cash | | | | | | | | | | | | | |  |
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| 17. | | Security | (a) Amount of Security | | | | | | | | | | | |  | Rs. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | (b) Type of Security | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | (c) Date of expiry of Security | | | | | | | | | | | | | | |  |  |  |  | / |  |  |  |  |  |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |
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| 18. | | Number of persons having interest in business (also please complete Part B for each | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |
|  |  | such person) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 19. | | Number of managers | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 20. | | Number of authorised signatories | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 21. Name of Manager | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  | First Name | | | | | | |  |  |  |  | Middle Name | | | | | | | | | |  |  |  | Surname | | | | | | | | | |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | | |  | |  | |  |
|  | \* if more than one manager, attach particulars for additional managers on a separate sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 22. Name of Authorised | | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Signatory\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | First Name | | | | | | |  |  |  |  | Middle Name | | | | | | | | | |  |  |  | Surname | | | | | | | | | |  |
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\*Please complete Part D

23. 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/Status | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Place

Date

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |

**Form DVAT 04**

**PART - B**

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

**Particulars of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business**

*(Attach particulars on separate sheet for each person having interest in business)*

1. Full Name of Applicant Dealer
2. Full Name of Person having interest in business

*(Provide in order of first name, middle name, surname)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. Date of birth |  |  | / |  |  | / |  |  |  |  | 4. Gender *(tick one)* | Male | Female |
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| 5. Father’s / Husband’s name | | | | | | | | | | | | |  | | |  | | |  | |  | | |  | | |  | |  |  | | |  | |  | | | |  | | |  | |  | | | |  | | |  | | |  | |  | |  | | |  | |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | First Name | | | | | | | | | | |  |  |  | Middle Name | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  | Surname | | | | | | | | | |  |  |
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|  | 6. PAN : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7. Passport No. | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8. E-mail address | | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | |  | | |  |  |  | |
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|  | 9. Residential Address | | | | | |  |  |  |  | Building Name/ Number | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  | *(If* | *different* | | | | | *from* | | | | Area/ Road | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | *principal* | | *place* | | | |  |  | *of* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | Locality/ Market | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | *business)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  |  |  |  |  |  |  |  |  |  | Telephone Number | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | 10. Permanent Address | | | | | |  |  |  |  | Building Name/ Number | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  | *(If* | *different* | | | | | *from* | | | | Area/ Road | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | *residential address)* | | | | | |  |  |  |  | Locality/ Market | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  |  |  |  |  |  |  |  |  |  | Telephone Number | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | 11. Whether engaged in any other business | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | |  |  | |
| If yes, give details:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

1. Name & address of other business
2. TIN
3. Status

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

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/Status | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Place

Date

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| Day | Month | Year |

**Form DVAT 04**

**PART - C**

**Details of additional places of business**

1. Full Name of Applicant Dealer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. Details of Additional Places of Business | | | | | |  | *(attach additional sheets if required)* | | | | | | | | | | |  |
| Type | Godown / Warehouse | | Factory | | |  | Shop | |  | Other place of business | | | | | | | |  |
| Address |  | Building Name/ Number | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Area/ Road |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Locality/ Market |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Distt. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Pin Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Email Id |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Telephone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Fax Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Date of establishment |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
| State local sales tax/VAT/ CST registration | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *(if place of business is situated outside Delhi)* | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  | | |  |  | |  |  | | | | | | | |  |
| Type | Godown / Warehouse | | Factory | | |  | Shop | |  | Other place of business | | | | | | | |  |
| Address |  | Building Name/ Number | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Area/ Road |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Locality/ Market |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Distt. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Pin Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 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 Delhi)* | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Type | Godown / Warehouse | | Factory | | | | | | | |  |  | Shop | | | |  | Other place of business | | | | | | | | | | | | | | |  |
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| Address |  | Building Name/ Number | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Area/ Road |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Locality/ Market |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Pin Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Email Id |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Telephone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Date of establishment |  |  |  |  |  |  |  |  | / |  |  |  |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | Day | | | | |  |  | Month | | | |  |  |  | Year | | | | | |  |  |  |  |  |  |  |  |
| State local sales tax/VAT/ CST registration | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *(if place of business is situated outside Delhi)* | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Type | Godown / Warehouse | | Factory | | | | | | | |  | Shop | | | | |  | Other place of business | | | | | | | | | | | | | | |  |
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| Address |  | Building Name/ Number | | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Area/ Road |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Locality/ Market |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Pin Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Email Id |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Telephone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Fax Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Date of establishment |  |  |  |  |  |  |  |  | / |  |  |  |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| State local sales tax/VAT/ CST registration | | | | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *(if place of business is situated outside Delhi)* | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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3. 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/Status | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Place

Date

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| Day | Month | Year |

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|  | Please | affix a | |  |
| **Form DVAT 04** | passport | | size |  |
| photograph | | of |  |
| **PART - D** | the | person | |  |
| whose |  |  |  |
|  | particulars | | are |  |
| **Particulars of the authorised signatory** | being | given in | |  |
| this form | |  |  |
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*(Attach separate forms giving particulars of each authorized signatory, in case of more than one authorized signatories)*

1. Full Name of Applicant Dealer
2. Name of Authorised Signatory

*(Provide in order of first name, middle name, surname)*

*(Ref. Instruction No. 9)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. | | Date of birth | |  |  |  |  | / | |  |  |  |  |  |  |  |  | / | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4. Gender *(tick one)* | | | | | | | | | | | | | | | | | | | Male | | | | | | | | | Female | | | | | | |  |
|  | | | |  | |  | |  | | |  | | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  |
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| 5. | | Father’s / Husband’s name | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | |  | | | |  | |  |  | | |  | |  | | | |  | | |  | |  | | | |  | | |  | | |  | |  | |  | | |  | |  |  |
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|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
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|  | 6. PAN : | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7. Passport No. | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| 8. | | E-mail address | | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | |  | | |  | | |  | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | | |  | | |  |  | |
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|  | 9. Residential Address | | | | | | |  |  |  |  |  |  | Building Name/ Number | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |  | |  | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  | *(If different from principal* | | | | | | | | | | | |  | Area/ Road | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | *place of business)* | | | | | | |  |  |  |  |  |  | Locality/ Market | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | State | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Pin Code | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Telephone Number | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Fax Number | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| 10. Permanent Address | |  | Building Name/ Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *(If* | *different* | *from* | Area/ Road |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *residential address)* | |  | Locality/ Market |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Distt. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Pin Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Telephone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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11. 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 Delhi VAT Act, 2004. All his actions in relation to this business will be binding on us.

S. No. Full Name Designation/Status Signature

*(First name, Middle Name, Surname)*

1.

2.

3.

4.

12. 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Signature of Authorised Signatory | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |
|  | Full Name *(first name, middle, surname)* | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |
|  | Designation/Status | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |
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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 :
   1. your turnover at any time during a financial year exceeds taxable quantum; or
   2. 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)

1. 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.
2. For field 3, an “**importer**” means -
   1. a person who brings his own goods into Delhi; or
   2. a person on whose behalf another person brings goods into Delhi; or
   3. 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
3. The application for registration under this Act should be filed within **thirty days** from the date of person becoming liable for payment of tax.
4. For **field 8**, if the business does not have a PAN, then please mark ‘Applied for’ or ‘N/A’ as applicable.
5. For **field 15**, please fill the description of top five items on the basis of value of goods sold.
6. 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)
7. Registration application should be verified and signed by the Authorized Signatory, who is :
   1. 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;
   2. 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;
   3. in the case of a company or local authority, the principal officer thereof;
   4. in the case of a firm, any partner thereof, not being a minor;
   5. in the case of any other association, any member of the association or persons;
   6. in the case of a trust, the trustee or any trustee; and
   7. in the case of any other person, the person competent to act on his behalf.
8. In case of partnerships, Part B is to be filled and signed by the managing partner plus top four other partners.

1. In case of companies, Part B is to be filled and signed by the company secretary, the managing director and 3 other directors.
2. If required, make additional copies of the Parts and attach with application form for registration (DVAT-04).
3. An amendment would be required each time a person changes (and not when the details of an existing person change)
4. In case of minors, the specimen signature of guardian/trustee should be furnished.
5. In case of Part D, it is to be filled and signed by the person whose details are given in the Part.
6. Every sheet filled in the Parts has to be signed by the same person (authorised signatory) who has signed the registration application.
7. 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)** | **1,00,000** |
|  |  |  |  |
| **Reduction sought (Maximum reduction available Rs. 50,000)** | |  | **Rebate (Rs)** |
|  |  |  |  |
| 1 | Proof of ownership of principal place of business |  | 30,000 |
|  |  | |  |
| 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 | | 10,000 |
|  | Income Tax Department |  |  |
|  |  | |  |
| 5 | Copy of last electricity bill (The bill should be in the name of the business and | | 10,000 |
|  | for the address specified as the main place of business in the registration form) | |  |
|  |  | |  |
| 6 | Copy of last telephone bill (The bill should be in the name of the business and | | 5,000 |
|  | for the address specified as the main place of business in the registration form) | |  |
|  |  |  |  |