

"Form 101

(See Rule 8 of MVAT Rules , 2005)

Application form for Registration under section 16 of the Maharashtra
Value Added Tax Act, 2002

*(Please read the instructions carefully before filling the application form)***INSTRUCTIONS**

1. The application form must be filled in English in block letters and numerals.
2. The application form will not be accepted if it is not complete in all respects and the required documents are not submitted along with the application.
3. Black ballpoint pen should be used to fill in the form.
4. No field should be left blank. If the field is not applicable please write N. A.
5. Wherever boxes are provided, only one letter should be written in each box. One box should be left blank between two words.
6. Wherever the space provided for a particular field is not sufficient, the dealer should photocopy the relevant page, fill-in the required information and attach the filled in photocopy along with the application.
7. Income Tax Permanent Account Number (PAN) of the business is a mandatory requirement before applying for all types of registration. In addition when the application is for voluntary registration the applicant should have the details of bank current account number and introduction. [see item no. 6(a)]
8. The application may be obtained from the sales tax office or can be photocopied, printed or can be downloaded from the web-site of the department. [www.vat.maharashtra.gov.in]
Only font of size "11" should be used. The print out of the application should be in 'Black' ink only. The form should be printed on good quality A4 size paper on one side only. The format of the document must not be changed.
9. This application can be submitted by any person. However, for attestation of photograph before the registering authority, the signatory to the application should be present.
10. Depending upon the constitution of the dealer, the application should be signed:

By ...	Constitution of the dealer ...
Proprietor or an authorized person	Proprietary
Any partner	Partnership firm
Director, manager or an authorized person	Private or Public Limited Company
Karta or adult member	HUF
Manager, principal officer or an authorized person	Others

In case, application is signed by an authorized person, etc., the necessary proofs regarding appointment of the authorized person and form 105 should be furnished.

11. The application for Registration Certificate on grounds other than Voluntary Registration Certificate should be submitted within 30 days from the date of the event making the dealer liable for registration. However the application for Registration Certificate on account of transfer of business due to death of the dealer should be submitted within 60 days. In case the application is in time, the Registration Certificate shall be granted from the date of the said event. If the application is made later the shall be

granted from the date of application. The Registration Certificate under Voluntary Registration Scheme shall be granted from the date of application, if the application is complete, valid and supported by all documents.

12. **Composition scheme:** In case the applicant desires to opt for a composition scheme, then the relevant form, as may be applicable to specified categories of dealers, should also be furnished along with this application. (form no. 1,2,3,4 and 5)
13. **In case of application for RC on grounds of change in constitution or transfer of business,** the application in form 103 for the cancellation of the RC of earlier business should also be submitted along with the original RCs of earlier business.
14. **The Maharashtra Value Added Tax Act, 2002, Rules, notifications, forms and the trade circulars issued by the department are available on the official web site of the department www.vat.maharashtra.gov.in**

Documents to be furnished along with the application.

(Note: Copies of documents must be self-attested and the originals should be submitted for verification)

A. IN CASE OF FRESH REGISTRATION :

1. Proof of constitution of business (as applicable)

- i. **In case of proprietary firm : No proof required**
- ii. **In case of partnership firm (Registered or unregistered) : Copy of Partnership Deed**
- iii. **In case of company : Copy of Memorandum of Association and Articles of Association**
- iv. **In case of other constitution : Copy of relevant documents.**

2. Proof of permanent residential address * (Please provide at least 2 documents out of the following documents containing the name and present address). #

- i. **Copy of passport**
- ii. **Copy of driving licence**
- iii. **Copy of election photo identity card**
- iv. **Copy of property card or latest receipt of property tax of Municipal corporation / Council / Grampanchayat as the case may be.**
- v. **Copy of latest paid electricity bill in the name of the applicant.**

3. Proof of place of business

- i. **In case of owner : Proof of ownership of premises viz. copy of property card or ownership deed or agreement with the builder or any other relevant documents.**
- ii. **In case of tenant /sub-tenant : Proof of tenancy /sub-tenancy like copy of tenancy agreement or rent receipt or leave and licence or consent letter, etc. supported by Documents showing ownership of licensor or person giving consent.**

4. One latest passport size photograph of the applicant ** (Please do not paste the photo on the application.)

* In case of partnership firm, proof of residence has to be provided for all partners and in case of body corporate, proof of residence of signatory to application should be provided.

In case of corporate bodies, the details of place of residence and PAN, etc. shall be required to be furnished only for the signatory to the application.

5. Copy of Income Tax Assessment Order having PAN or copy of PAN card.
6. Chalan in Form No. 210 (Original) showing payment of registration fee at Rs.5000/in case of voluntary RC and Rs. 500/ in other cases.

B. REGISTRATION IN CASE OF CHANGE IN CONSTITUTION OF THE DEALER

1. **Proof of change in constitution (e.g. if proprietary concern converted to partnership firm then copy of Partnership deed etc.).**
2. **Copy of latest return-cum-challan.**
3. **Chalan in original showing payment of registration fee.**
4. **PAN of new firm.**
5. **Proof of permanent residential address as specified at sr. no. 2**

C. REGISTRATION IN CASE OF TRANSFER OF BUSINESS:

1. **All documents from 1 to 6 given in 'A'.**
2. **Copy of transfer deed.**
3. **Copy of latest return-cum-chalan of the original dealer.**

Please attach a leaf of cancelled cheque, as proof of bank account for all types of registrations.

** In case of partnership firm, photograph of only applicant partner needs to be submitted.

FORM - 101
(See rule 8)
Application for Registration under section 16 of The Maharashtra Value Added Tax Act, 2002.

To

I hereby apply for grant of registration under section 16 of The Maharashtra Value Added Tax Act, 2002.

1. (a) Income Tax Permanent Account Number (PAN) of business.

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2. Name of the Business (in block letters)

3. Constitution [(Please (√) tick the appropriate box)]

Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Private Ltd. Co. <input type="checkbox"/>	Public Ltd. Co. <input type="checkbox"/>
HUF <input type="checkbox"/>	Co-operative Society <input type="checkbox"/>	Public Trust <input type="checkbox"/>	Others (please specify)

4. Name of the signatory to the application (in block letters)

5. Status of the signatory to the application

Proprietor <input type="checkbox"/>	Partner <input type="checkbox"/>	Karta/ adult member of HUF <input type="checkbox"/>	Director <input type="checkbox"/>
Manager <input type="checkbox"/>	Principal Officer <input type="checkbox"/>	Authorized person <input type="checkbox"/>	Others (please specify)

6. Reasons for Registration [(Please (√) tick the appropriate box)]

(a) Voluntarily <input type="checkbox"/>	(b) Change in the constitution <input type="checkbox"/>	(c) Part transfer of business <input type="checkbox"/>
(d) Full transfer of business <input type="checkbox"/>	(e) Exceeding the prescribed turnover limit <input type="checkbox"/>	

6(a). Voluntary registration

Introduction by a registered dealer (should be continuously registered for 5 years) [see rule 8(11)(c)]

(i) Name of dealer	
(ii) TIN under MVAT Act, 2002	
Date of effect (DD/MM/YYYY)	
(iii) Signature	

OR

Introduction by agent duly listed under section 82 of the Act

Status of the agent	S.T.P.	<input type="checkbox"/>	C.A.	<input type="checkbox"/>	Cost Account	<input type="checkbox"/>	Advocate	<input type="checkbox"/>
(i) Name of the agent								
(ii) Membership No.								
(iii) Signature								

6b. Change in the Constitution,- (Mention the previous and the new constitution)

(i) Change in constitution from														
To														
(ii) With effect from [DDMMYYYY]														
R.C. No. (Previous)														

[refer to Item 3 for types of constitutions]

6c. Part transfer of business:-(Mention the name of the transferor and date of transfer)

(i) Business transferred from														
(ii) TIN														
(ii) With effect from[DDMMYYYY]														

6d. Full transfer of business:- -(Mention the name of the transferor and date of transfer)

(i) Business transferred from														
(ii) With effect from [DDMMYYYY]														
(iii) TIN														

6e. Exceeding the prescribed turnover limit {The limits should be crossed in the same financial year}

The following are the sales and purchases effected in a financial year on the basis of which the application for RC has been made. [Please attach separate sheet, in case of more bills]

Date on which turnover limits exceeded [DDMMYYYY]							
	D	D	M	M	Y	Y	Y

Sales (Please attach separate sheet in case the space is insufficient)

Date of Sale.	Bill No	Name and address of the vendee	Commodity	Amount (Rs.)

Purchases (Please attach separate sheet in case the space is insufficient)

Date of Purchases	Bill No	Name and address of the vendor	R.C. No.	Commodity	Amount (Rs.)

7. Nature of business [Please (√) tick the appropriate box(es)]

Main Nature	Reseller <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Retailer <input type="checkbox"/>	Importer <input type="checkbox"/>	Exporter <input type="checkbox"/>
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	Works Contractor <input type="checkbox"/>	Leasing <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Commission Agent <input type="checkbox"/>	Others (Please specify)	
Part Nature	Reseller <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Retailer <input type="checkbox"/>	Importer <input type="checkbox"/>	Exporter <input type="checkbox"/>	
	Works Contractor <input type="checkbox"/>	Leasing <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Commission Agent <input type="checkbox"/>	Others (Please specify)	

8. Date of commencement of business [DDMMYYYY]

Mention the date on which business is started							
	D	D	M	M	Y	Y	Y

9. Do you want to opt for composition scheme in lieu of Sales Tax Payable?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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[If yes, please (√) tick the appropriate box (es)]

Retailer <input type="checkbox"/>	Restaurant/Caterer <input type="checkbox"/>	Bakery <input type="checkbox"/>	Second Hand Passenger motor vehicle Dealer <input type="checkbox"/>	Liquor vendor <input type="checkbox"/>	Mandap Decorator <input type="checkbox"/>
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10. Language in which books of accounts are maintained

English <input type="checkbox"/>	Hindi <input type="checkbox"/>	Marathi <input type="checkbox"/>	Other Please Specify <input type="checkbox"/>
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11. Whether the records are computerized? (Please tick (√) the appropriate box)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Partially <input type="checkbox"/>
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12. Full address of the principal place of business

Bldg. Name/ Office No./Flat No.																			
Area Name etc.																			
Street Name etc.																			
Village																			
Town/ City																			
Taluka																			
District																			
Pin Code																			
Telephone No. 1																			
Telephone No. 2																			
Mobile No. 1																			
Mobile No. 2																			
Fax No.																			
Email address																			
Email address																			

13. Occupancy status of the principal place of the business [(Please (√) tick the appropriate box)]

Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	Leased <input type="checkbox"/>	Rent free <input type="checkbox"/>	Others (Place specify) <input type="checkbox"/>
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5			
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18 Main commodities to be purchased (Mention top 5 commodities)

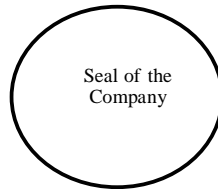
Sr. No.	Name of the commodity	Schedule Entry	HSN classification (To be filled by the departmental authorities)
1			
2			
3			
4			
5			

19. A copy of my recent photograph is furnished with this application as required by sub-rule (7) of rule 8.

The above information is true to the best of my knowledge and belief

Place :

Date :



Name & Signature of applicant,
Status and authority thereof.

FOR OFFICE USE ONLY

Date of receipt of Application													
Application scrutinized by (Name & Designation)													
Application scrutinized by (Signature)													
Application approved by (Name & Designation)													
Application approved by (signature)													
Data entry checked by (Name, Designation & signature)													
Data entry validated by (Name, Designation & signature)													
Details of TIN	Number												
	Effect date												
	Issue date												

Declaration by all partners of the partnership firm or by signatory to application in other cases. (If space is insufficient please take photocopy of this page and attach)

Declaration :- We hereby declare that the information furnished in this application is true & correct to the best of our knowledge & belief.

Sr. No.	Full Name of Proprietor / Partner / Director / Members of Managing Committee / all persons having any interest in the business. Please include father's name and surname (Please strike out whichever is not applicable)	Permanent Residential Address																				
1		Building Name /Office No./Flat No.																				
		Area Name etc.																				
		Street Name etc.																				
	PAN No		Village																			
			Town/ City																			
			Taluka /District																			
	P.T. E.C. No.		PIN Code																			
			Telephone No.																			
2		Building Name /Office No./Flat No.																				
		Area Name etc.																				
		Street Name etc.																				

