THE WEST BENGAL VALUE ADDED TAX RULES, 2005

FORM 1

Application	for	New	Registration
Application	101		Registration

[See sub-rule (1) of rule 5]

[Please see Instructions before filling up the Application] 01 Application for New Registration / Amendment of Certificate of Registration 02 If it is an application for New Registration, state whether Compulsory under section 24(1)(a) / Voluntary under section 24(1)(b) 03 If it is an application for amendment of certificate of registration, state your **Registration Number** 04 Name of the Applicant: First Name Middle Name Surname 05. Sex: Male / Female 06. Father's Name / Husband's Name: 07. Trade Name: 08. Address of the Principal place of business: Room/Flat No. Premises No. & Street City/Town District Pin Code Municipal / Local body

09. Occupancy Status :

10. Status of the business :

11. If partnership, number of partners :

12. Names of two contact persons:

First person											
Second person											

13. Status of the contact persons referred to in Serial No 12:

First person											
Second person											

14. Address of the two contact persons referred to in Serial No 12:

First Person:

ſ										
-										
-			 							

Second Person:

15. Contact Numbers of the two contact persons referred to in Serial No 12:

First Person:

Telephone Number										
Mobile Number										
Fax Number										
E-mail Address										

Second Person:

Telephone Number										
Mobile Number										
Fax Number										
E-mail Address										

16. Address of all Branch Offices within West Bengal.

First Branch:

	 -			-	-	-	-	-	-		-	-		-
Room/Flat No.														
Premises No. & Street														
City/Town														
District														
Pin Code														
Municipal / Local body														
Second Branch:														
Room/Flat No.														
Premises No. & Street														
City/Town														
District														
Pin Code														
Municipal / Local body														

17. Name of the State and Registration Numbers of the Branch Offices outside West Bengal (if any):

First Branch:

(a) Name of the State :									
(b) Under The State Act :									
(c) Under the Central Sales Tax	Act,	1956	:						
Second Branch:									
(a) Name of the State :									
(b) Under The State Act :									
(c) Under the Central Sales Tax	Act,	1956	: [

18. Addresses and Telephone numbers of all Warehouses in West Bengal:

		Vareł Idress		:								
(1	ii) Te	eleph	one l	Num	ber							

		Ware	hous	se:															
(i) 4	Addr	ess:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
(ii) Te	eleph	onel	Numl	her														
(II) IX	lepii		(unit															
19.	Add	resse	s and	l Tele	ephor	ne nu	mbei	rs of	all Fa	actor	ies ir	n Wes	st Be	ngal:					
	actor				1									U					
(i) Ad	ldress	5:																
	(ii) Telephone Number																		
	(ii) Telephone Number																		
(ii)	(ii) Telephone Number																		
	Factory 2																		
	Factory 2																		
(i) <i>I</i>																			
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(ii) Te	eleph	one	Num	ber														
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21. Number of Registration Certificate issued by Registrar of Companies, West Bengal:

									1	1
									1	1

22. Class or Classes of goods purchased or intended to be purchased for the purpose of:

a) Resale of taxable goods in West Bengal:

- b) Resale of non-taxable goods in West Bengal:
- c) Use as raw materials in the manufacture of taxable goods in West Bengal:
- d) Use as raw materials in the manufacture of non-taxable goods in West Bengal:
- e) Use in the execution of works contract in West Bengal:

23. Details of Bank Account:

First Bank:	
Name:	
Branch:	
Account No.	
Address:	
Second Bank:	
Name:	
Branch:	
Account No.	
Address:	
Third Bank:	
Name:	
Branch:	
Account No.	
Address:	

24. Registration Number (if any) under the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979:

25. PAN/TAN Number of the firm under the Income Tax Act, 1961 (if any):

26. ECC	Number und	er the C	entral	Excise	e and T	ariff A	ct, 19	85 (if a	any):			
	icate of Enli nber of the C			by the	Munic	cipal /]	Local	Body.				
	of issue of to of last renew				:				M M Y			
	amount of p ist year: Rs.	urchases		s and c ales	ontrac		unsfer j		C.T.P) <u>C.T.P.</u>	of goo	ods in:	
(b) La Purchases	st Quarter: Rs.		S	ales	R	8.			C.T.P.	Rs.		
29. Date	of commenc	ement o	of purc	hase, s	sale an	d work	ts cont	ract:				
а) Date of co	ommenc	ement	of pur	chase	:			M M Y		Y	
b) Date of co	ommenc	ement	of sale	e :				M M Y	<u>YYY</u>	Y	
c)	Date of cor	nmence	ment o	of worl	ks cont	ract:			M M Y	Y Y Y	Y	

I,.....do hereby declare that the above statements are true to the best of my knowledge and belief .

	Signature
Date	*(Proprietor/Partner/ Karta/ Managing Director/ Director/
	Company Secretary/Trustee/ President/General Secretary)
	Status

*Please use separate sheet wherever space is inadequate.

Information for filling up the application for registration form.

- 01. Please tick whichever is applicable.
- 02. Please tick whichever is applicable.
- 03. Please write your registration number in the appropriate box.
- 04. Please enter the name of the applicant in the order of first name, middle name and then surname in the appropriate box.
- 05. Strike off whichever is not applicable.
- 06. Please enter the name of father or husband of the applicant in the order as prescribed in serial no 04.
- 07. Please enter the name under which the business trades. If the business trades under own name, enter the same.
- 08. Please enter the address of the principal place of business in the appropriate box beginning with Room/Flat Number followed by Premises Number and Street, City/Town, District, Postal Index Number and name of the Municipal / Local body under the jurisdiction of which the Principal place of business is located.

09. Fill in the boxes with the appropriate code (given below) that identifies the occupancy status:Owned - 01Rented - 02Leased - 03Rent-free - 04Others - 05

10. Please enter the two digit code that identifies the status of the business from the selection below:

Proprietary -01	Unregistered	Registered Partnership -	Hindu Undivided
	Partnership -02	03	Family - 04
Private Limited	Public Limited	Public Sector Undertaking	Government Company
Company -05	Company -06	-07	-08
Statutory Body	Co-operative Society-	Government –	Others -12
-09	- 10	11	

- **11.** Write the number of partners.
- **12.** Please write names of two contact persons starting with the first name, then middle name and surname.
- 13. Status of two contact persons in relation to the business is to be stated (eg. Partner, Director, Manager etc.)
- 14. Please enter the address of two contact persons in the appropriate boxes in the format prescribed in serial no. 8.

- 15. Please mention the telephone number, mobile number, fax number, e-mail number of the contact persons in the appropriate boxes.
- 16. Please enter the address of two branch offices in the appropriate boxes. If there are more than two branches, please use a separate sheet.
- 17. Please enter the name of the state and the registration number of the branch offices under the respective State Act and Central Sales Tax Act, 1956. If there are more than two branches, please use a separate sheet.
- **18.** Please enter the address and the telephone numbers of the warehouses in the appropriate box. If there are more than two warehouses, please use a separate sheet.
- **19.** Please enter the address and the telephone numbers of the factories in the appropriate box. If there are more than two factories, please use a separate sheet.
- 20. Please enter the two-digit code in box (a) from the following list, which describes your business. If more than one code is applicable use other boxes too.

Manufacturer -01	Distributor -02	Agency -03	Wholesaler -04
Retailer -05	Auctioneer -06	Works contractor	Transferor of right
		-07	to use goods -08
Hire Purchaser -09	Hotelier -10	Club -11	Importer -12
Exporter -13	Others -14		

- 21. Please write the number in the appropriate box.
- 22. (a) In case you are a reseller of taxable goods, please enter the names of the major taxable commodities in which you deal.

(b) In case you are a reseller of non-taxable goods, please enter the names of the major non-taxable commodities in which you deal.

(c) In case you are a manufacturer of taxable goods, please enter the names of the raw materials required for manufacturing of such goods.

(d) In case you are a manufacturer of non-taxable goods, please enter the names of the raw materials required for manufacturing of such goods.

(e) In case you are a works contractor, please enter the names of the commodities used in the execution of works contract.

- 23. Please enter the name, branch, account number and address of the banks where the accounts are maintained. If you have more than three branches please use a separate sheet.
- 24. to 26. Please enter the number in the appropriate box.

- 27. Please write the Certificate of Enlistment number, date of issue of such certificate and last renewal of the certificate. For example, if the date of issue is 1st June, 2004, please write 01 against DD, 06 against MM and 2004 against YYYY.
- 28. Please state the purchase amount, the sales amount and the amount representing contractual transfer of goods against appropriate column.
- 29. Please write the dates as per procedure prescribed in serial no. 27 above.

WEST BENGAL VALUE ADDED TAX RULES, 2005

FORM-A

[See sub-rule (3) of rule 5] Annexure to Application in Form 1 for Registration to be filled in by the Proprietor/Partners/*Karta*, as the case may be, of the business for *Proprietorship/ Partnership/HUF Business

[Please use separate sheet for each Person.]

Affix a duly attested passport size photograph

01. Name of the person :

First Name											
Middle Name											
Surname											

02. Date of Birth :

03. *Father's / Husband's name :

04. Extent of interest in the	
business:**	

05. How long associated with the business		Years		Months
---	--	-------	--	--------

06. Other business interest in the state (Please specify) :

07. Other business interest outside the state (Please specify) :

08. Present Residential Address:

09. Permanent Residential Address:

10. Contact numbers:

	-			 			 	 	 	 	
Telephone Number											
Mobile Number											
Fax Number											
E-mail Address											

11. Income Tax Pan No.:

12. Details of Personal Bank Account ***:

Name:															
Branch:															
Account No	h		[T					T	 		
	<i>.</i>			_				 	_		 	_	 		

Address:

	A	ccou	nt he	eld:	So	olely				/		Joi	intly			
13.	Deta	ails c	of pe	rsona	al im	mov	able	ass	ets :							

14. Specimen signature : *Proprietor/Partner/ <i>Karta</i>	

15. Signature of the witnesses attesting the specimen signature at serial number 14 above:

First Witness:

Name:

Address:

Seal:

Second Witness:

Signature :											
Name:											
Address:	 	 1	1	 	 	 -	-	-	1	1	_

Seal:

Signature of the Applicant in Form 1

Status of the Applicant

* Strike off whichever is not applicable.

** Extent of interest in the business – Share in the profit of the business.

*** If there is more than one Bank Account use a separate sheet.

Note: Witness can be any Government Officer who is empowered to attest any document or any Advocate or any person as defined in sub-clause (iv) of clause (a) of sub-rule(1) of rule 3.

THE WEST BENGAL VALUE ADDED TAX RULES, 2005

FORM B

[See sub-rule(4) of rule 5]

Annexure to Application in Form 1 for Registration to be filled in by the *Managing Director/ Director/ Secretary of a Private Limited Company or a Public Limited Company or Trustee of a trust.

[Please use separate sheet for each Person.]

Affix a duly attested passport size photograph

01. Name of the *Managing Director/ Director/ Secretary/ Trustee :

First Name
Middle Name
Surname
02. Date of Birth :
03. Official Designation
04. How long associated with the business Years Months
05. Present Residential Address:

06. Permanent Residential Address:

												1
 	 		 				 				—	——————————————————————————————————————
												4

07. Contact numbers:

Telephone Number										
Mobile Number										
Fax Number										
E-mail Address										

08. Income Tax Pan No.:

09. Specimen Signature of the *Managing Director/ Director/ Secretary/ Trustee

10. Signature of the witnesses attesting the specimen signature at serial number 09. above:

First Witness:

Signature:	

Name:															
rume.															

Address:

									1 1
									1 1
									1
									1 1
									1
									1
									1
									1 1

Seal:

Second Witness:

Signature :

.

-															
Name:															

Address:

Seal:

Signature of the Applicant in Form 1

Status of the Applicant

Note: Witness can be any Government Officer who is empowered to attest any document or any Advocate or any person as defined in sub-clause (iv) of clause (a) of sub-rule (1) of rule 3.

*Strike off whichever is not applicable.

THE WEST BENGAL VALUE ADDED TAX RULES, 2004

FORM C

[See sub-rule (5) of rule 5]

Annexure to Application in Form 2 for registration to be filled by the dealers who were registered under the West Bengal Sales Tax Act, 1994 on 31st March 2004

01. Registration Number under the West Bengal	Sales Tax Act 1994	4	
02. Registration Number under the Central Sales	s Tax Act 1994		
(Tick whichever is applicable)			
03. If the business was enjoying any Industrial I the West Bengal Sales Tax Act,1994 a			
05. If yes, please specify :			
 a) Name of Incentive Scheme: (* Stike out whichever is not applicable.) 	S	Tax exemption under section 39/ ection 40 or section 42 or section nder section 41 or section 42 or s	43
b) Eligibility Certificate No. and date of effect t	hereof:		
c) Date of expiry of the Certificate:			
06. if the dealer is also engaged in the executior under section 15 of West Bengal Sales Tax (Tick whichever is applicable)		Yes No	
07. if the dealer is also engaged in leasing of goo under section 2(30)(c) of West Bengal Sales		Yes No	
08. Name of Chamber of Commerce or Trade As where the dealer is a member:	sociation		

Signature of the Applicant in Form 2

Status of the Applicant