THE WEST BENGAL VALUE ADDED TAX RULES, 2005

FORM 2

Information to be provided by a registered dealer under sub-section (1a) of section 24.

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

[Please see Instructions before filling up the Application]

01. Name of the dealer:									
02.Registration Number									
03. Trade Name:									
	any Industrial Incentive Scheme under Act,1994 as on 31 st March 2005 Yes / No								
05. If yes, please specify:									
a) Name of Incentive Scheme:	*Tax exemption under section 39/ Deferment of tax under section 40 or section 42 or section 43 / Remission of tax under section 41 or section 42 or section 43.								
b) Eligibility Certificate No. and date of effect thereof:									
c) Date of the expiry of the certific	D D M M Y Y Y Y cate								
06. If the dealer was also engage under section 15 of West Ber	ed in the execution of Works Contract ngal Sales Tax Act 1994: Yes No								
07. If the dealer was also engage under section 2(30)(c) of Wes	ed in leasing of goods st Bengal Sales Tax Act 1994: Yes No								
08. Address of the Principal place of	f business:								
Room/Flat No.									

Premises No. & Street																				
City/Town																				
District																				
Pin Code																				
Municipal / Local body																				
Waller Local coay													I			l	l	<u> </u>		
09. Occupancy Status:	09. Occupancy Status :																			
10. Status of the business	:																			
11. If Partnership, number of partners :																				
12. Names of two contact	per	son	s:																	
F:(1		1				1		l		1		1	1	_		
First person							-	-										+	+	
Second person	L																	Щ		
13. Status of the contact pe	erc.	ane :	refe	rred	to i	n S	eris	1 N	Io 10).										
13. Status of the contact po	2130	J115	ICIC	iicu	101	пъ	CII	11 11	10 12											
First person	\Box																	T		
Second person	-																	+	+	
second person							<u> </u>		1	l	1	l								
14. Address of the two cor	ıtac	et ne	ersoi	ıs re	eferi	ed 1	to i	n S	erial	No	12	:								
		r						~-												
First Person:																				
								•		•										
Second Person:																				
15. Contact Numbers of th	ie tv	wo (cont	act]	pers	ons	ref	err	ed to	in	Ser	ial l	No	12	:					
First Person:																				
77. 1 1 N 1				1			ı						1			ı	ı			
Telephone Number	-																	<u> </u>		
Mobile Number												_						<u> </u>		
Fax Number																				
E-mail Address	L																			
C1 D																				
Second Person:																				
Talanhana Numbar						1	ı		1		1		J							
Telephone Number	L																	<u> </u>		

Mobile Fax N																								
E-mail	Addı	ess																						
16. Ad	16. Address of all Branch Offices within West Bengal.																							
First	t Bran	ich:																						
																					\vdash	+		
Seco	nd Br	anch	<u>:</u>														Τ				$\overline{\top}$	$\overline{\top}$		
																						+		
17. Na	me of	the	State	and	Reg	istra	tion l	Nun	ıber	s of	f th	e Bı	anc	h O	ffic	es	outs	side	· W	est	Ben	ıgal	(if	any):
First E	Brancl	1:																						
(a) Nai	me of	the S	State	:																	<u></u>			
(b) Un	der T	he St	ate A	Act:																				
(c) Uno	der th	e Ce	ntral	Sale	s Ta	x Ac	et, 19:	56 :																
Second	l Brar	nch:																						
(a) Naı	me of	the S	State	:																				
(b) Un	der T	he St	ate A	Act:																				
(c) Uno	der th	e Ce	ntral	Sale	s Ta	x Ac	et, 19:	56 :																
18. Ad	dress	es an	d Te	lepho	one r	numl	bers o	of al	1 W	arel	hou	ses	in V	Vest	t Be	eng	al:							
	Ware Addres		se:																					
								$\frac{1}{2}$			F											$oldsymbol{\perp}$		
																						<u>I</u>		
(ii)	Геlер	hone	Nun	nber																	L			

Sec (i)	ond `	Ware Addre		e:															
((ii) Telephone Number																		
19. Addresses and Telephone numbers of all Factories in West Bengal: Factory 1: (i) Address:																			
			I	I	l		ı				· · · · · · · · · · · · · · · · · · ·			·					
(ii) Telephone Number																			
Factory 2 (i) Address:																			
(ii) Te	eleph	one l	Numl	oer		•												
(a) 20. Nature of Business. (For code no. refer to instruction sheet appendent append									oende	ed to	(b) the f	orm)	(c)			(d)		
If one of the codes=01, please specify the name of commodity/ commodities manufactured.																			
	If one of the codes=12, please specify the name of commodity/ commodities imported.																		
21.	Num	ıber (of Re	gistra	ation	Cert	ificat	te iss	ued t	oy Ro	egistı	ar o	f Cor	npani	es, V	Vest]	Beng	al:	

22. Cla	ass 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 execution of works contract in West Bengal:
23. Det	tails of Bank Account:
Firs	et Bank:
Nan	me:
Bran	nch:

Address: Second Bank: Name:	Account No.													
Second 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 under the Central Excise and Tariff Act, 1985 (if any): 27. Certificate of Enlistment issued by the Municipal / Local Body. a) Number of the Certificate D D M M Y Y Y Y b) Date of issue of the certificate :	A 11													
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27. Certificate of Enlistment issued by the Municipal / Local Body. a) Number of the Certificate D D M M Y Y Y Y b) Date of issue of the certificate :														-
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a) Number of the Certificate D D M M Y Y Y Y b) Date of issue of the certificate:	26. ECC Number	er unde	r the C	entral	Excis	e and	Tariff .	Act, 19	985 (if	any):				
a) Number of the Certificate D D M M Y Y Y Y b) Date of issue of the certificate:						1			1					1
a) Number of the Certificate D D M M Y Y Y Y b) Date of issue of the certificate:														
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a) Number of the Certificate D D M M Y Y Y Y b) Date of issue of the certificate:	27. Certificate o	f Enlis	tment	issued	by the	Muni	icipal /	Local	Body.					
b) Date of issue of the certificate :					J		1		J					
b) Date of issue of the certificate:	a) Number of	the Co	ertifica	te										
b) Date of issue of the certificate:					1		1		1	r				-
b) Date of issue of the certificate:														
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	1-) D-4	£ 41		.c					עע	M M Y	YY	YY		
DDMMVVVV	o) Date of iss	ue of th	ie certi	nicate	•									
									D D	мму	YY	ΥY		
c) Date of last renewal of the certificate:	c) Date of las	t renew	al of t	he cert	ificate	:								

I,	do hereby declare that the above statements are true to the
best of my knowledge and belief.	
Date	Signature* * (Proprietor/Partner/ Karta/ Managing Director/ Director/ Company Secretary/Trustee/ President/General Secretary)
	Status

^{*}Please use separate sheet wherever space is inadequate.

How to fill up Form-2

- 01. Please enter the name of the dealer in the order of first name, middle name and then surname in the appropriate box.
- 02. Please enter the registration number under this Act.
- 03. Please enter the name under which the business trades. If the business trades under own name, enter the same.
- 04. Please put tick in the appropriate box.
- 05. (a) Please strike out whichever is not applicable.
 - (b) Please enter the eligibility certificate no. and the date of its effect.
 - (c) Please give the date of expiry of the eligibility certificate.
- 06. Please put tick in the appropriate box.
- 07. Please put tick in the appropriate box.
- 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. Please** fill in the boxes with the appropriate code (given below) that identifies the occupancy status:

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. 4.
- 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 two branches please use a separate sheet.
- 24. Please enter the number in the appropriate box.

- 25. Please enter the number in the appropriate box.
- **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.

THE WEST BENGAL VALUE ADDED TAX RULES, 2005

FORM-A

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

Annexure to Application in Form 2 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	uses	sepa	rate	e sh	eet	for	eacl	n Perso	on.]			
									atte whi	te pa	uly black ssport	t
01. Name of the person :												_
First Name												
Middle Name												
Surname												
02. Date of Birth: 03. *Father's / Husband's nam 04. Extent of interest in the	e :							D D	M N	/ Y	Y Y Y	Y
business:**												
05. How long associated with the06. Other business interest in the			•	ise s	pec		ars :		<u> </u>	Month	าร	

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 of the Bank:										
Branch:										
Account No.										
Address:										

Account held:	Solely	/	Jointly	
13. Details of personal	l immovable ass	ets :		
14. Specimen signat *Proprietor/Partner/ <i>Ka</i>	ure : arta			
15. Signature of the wi	itnesses attestin	g the specime	n signature at s	erial number 14 above:
First Witness:				
Signature:				
Name:				
Address:				
Seal:				
Second Witness:				
Signature :				

Nam	ne:														
Addr	ess:														
Seal	l:					Si	gnat	ure c	of the	э Арј	olica	nt in	Fori	m 2	
					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.

^{**} 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.

THE WEST BENGAL VALUE ADDED TAX RULES, 2005.

FORM B

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

Annexure to Application in Form 2 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.]

[Fieds	e use separate sheet for each Ferson	ı. _]						
		Affix a duly attested black and white passport size photograph						
01. Name of the *Managing Dire	ector/ 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 Addre	ss:	· · · · · · · · · · · · · · · · · · ·						
06. Permanent Residential Add	Iress:							
	1 1 1 1 1 1 1 1 1							

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 spe	ecimen signature at serial number 09. above
First Witness:	
Signature:	
Name:	
Address:	
Seal:	

Second Witness:		
Signature :		
Name:		
Address:		
Seal:	Signature of the Applicant in Form 2 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.