

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

Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same)

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

Optional Supporting Documents (For reduction in Security Amount)

Proof of ownership of principle 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

FORM DVAT 04

[See rule 12]

PART A

Application for Registration under Delhi Value Added Tax Act, 2004

1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>												
2. Trade Name (if any)												
3. Nature of Business	<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Trader		<input type="checkbox"/> Leasing		<input type="checkbox"/> Works					
(Tick ✓ all applicable)	<input type="checkbox"/> Others (specify)		Contractor									
4. Constitution of Business	<input type="checkbox"/> Proprietorship			<input type="checkbox"/> Private Ltd. Company			<input type="checkbox"/> Public Sector Undertaking					
<i>(Tick ✓ one as applicable)</i>	<input type="checkbox"/> Partnership			<input type="checkbox"/> Government Company			<input type="checkbox"/> Government Corporation					
	<input type="checkbox"/> HUF			<input type="checkbox"/> Public Ltd. Company			<input type="checkbox"/> Govt. Deptt./ Society/Club/Trust					
	<input type="checkbox"/> Others, please specify											
5. Type of Registration	Tick ✓ one			<input type="checkbox"/> Mandatory			<input type="checkbox"/> Voluntary					
5A. Opting for composition scheme under section 16(2) of the Act ?	Tick ✓ one			<input type="checkbox"/> Yes			<input type="checkbox"/> No					
6. Annual Turnover Category	Tick ✓ one			<input type="checkbox"/> Less than Rs. 5 lakhs			<input type="checkbox"/> Rs. 5 lakhs or above					
(a) Turnover in preceding financial year	Rs.											
(b) Expected turnover in the current financial year	Rs.											
7. Date from which liable for registration under Delhi Value Added Tax Act, 2004			/			/						
	day			month			year					
8. Permanent Account Number of the applicant dealer (PAN)												
9. Registration number under Central Excise Act (if applicable)												
10. Principle Place of Business	Building											
	Name/Number											
	Area/Road											
	Locality/Market											
	Pin Code											
	Email Id											
	Telephone Number											
	Fax Number											

11. Address for service of notice	Building																
<i>(If different from principle place of business)</i>	Name/Number																
	Area/Road																
	Locality/Market																
	Pin Code																
	Email Id																
	Telephone Number																
	Fax Number																

12. Number of additional places of business within or outside the State	Godown/Warehouse	<input type="text"/>	<input type="text"/>
<i>(also please complete Annexure II)</i>	Factory	<input type="text"/>	<input type="text"/>
	Shop	<input type="text"/>	<input type="text"/>
	Other place(s) of business	<input type="text"/>	<input type="text"/>

13. Details of main Bank Account	Account Number																
	MICR Number																
	Name of Bank																
	Address of Bank																

14. Details of investment in the business <i>(details should be current as on date of application)</i>	Own Capital	(Rs.)															
	Loans from Banks	(Rs.)															
	Other loans and borrowings	(Rs.)															
	Plant & Machinery	(Rs.)															
	Land & Building	(Rs.)															
	Other assets & investments	(Rs.)															

15. Description of top 5 items you deal or propose to deal in <i>(1-highest volume to 5-lowest volume)</i>	Description of items

16. Accounting Basis	Tick <input checked="" type="checkbox"/> one	<input type="checkbox"/> Accrual	<input type="checkbox"/> Cash
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17. Frequency of filing of returns <i>(to be filled in by the dealer whose turnover is less than Rs. 5 crores in the preceding year)</i> Tick <input checked="" type="checkbox"/> one if applicable	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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18. Security	(a) Amount of Security	Rs.	
	(b) Type of Security		
	(c) Date of expiry of Security		
	Day	Month	Year

19. Number of persons having interest in business	(also please complete Annexure I for each such person)		
20. Number of managers			
21. Number of authorised signatories			

22. Name of Manager																									
	First Name									Middle Name						Surname									

*if more than one manager, attach particulars for additional managers on a separate sheet

23. Name of Authorised Signatory*																									
	First Name									Middle Name						Surname									

*Please complete Annexure III

24. 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
Place

Date

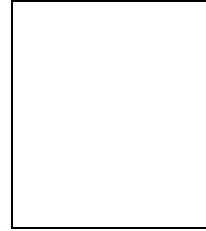
Day		Month		Year			

FORM DVAT 04

PART B

PARTICULARS OF PERSON

**[PROPRIETOR/KARTA/PARTNERS/DIRECTORS IN THE
BUSINESS/MEMBERS OF EXECUTIVE COMMITTEE OF
SOCIETIES, CLUBS ETC.] HAVING INTEREST IN THE BUSINESS**



1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>																				
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2. Registration No.*																				
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*This field is applicable when applying for amendment of registration in Form DVAT 07

3. Full Name of Person <i>(Provide in order of first name, middle name, surname)</i>																				
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4. Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	5. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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(tick ✓ one)

6. Father's/ H u s b a n d ' s name																				
	First Name					Middle Name					Surname									

7. PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8. Passport No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. E-mail address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. Residential Address <i>(If different from principle place of business)</i>	Building Name/ Number																			
	Area/Road																			
	Locality/Market																			
	PIN Code																			
	Telephone Number																			
	Fax Number																			

11. Permanent Address <i>(If different from residential address)</i>	Building Name/ Number																			
	Area/Road																			
	Locality/Market																			
	PIN Code																			
	Telephone Number																			
	Fax Number																			

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

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 <i>(For individuals, provide in order of first name, middle name, surname)</i>																				
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2. Registration No.																				
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**This field is applicable when applying for amendment of registration in Form DVAT 07*

3. 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																			
	PIN Code																			
	E-mail Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
				Day			Month													Year
	State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Delhi)</i>																			

Type	Godown/Warehouse	Factory	Shop	Other place of business																
Address	Building Name/Number																			
	Area/Road																			
	Locality/Market																			
	PIN Code																			
	E-mail Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
				Day			Month													Year
	State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Delhi)</i>																			

Type	Godown/Warehouse	Factory	Shop	Other place of business																
Address	Building Name/Number																			
	Area/Road																			
	Locality/Market																			
	PIN Code																			

E-mail 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)											

Type	Godown/Warehouse	Factory	Shop	Other place of business
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Address	Building Name/Number										
	Area/Road										
	Locality/Market										
	PIN Code										
	E-mail 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)											

4. 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

Place

Date

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Day Month Year

FORM DVAT 04

PART D

Particulars of the authorised signatory

1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>																				
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2. Registration No.																				
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**This field is applicable when applying for amendment of registration in Form DVAT 07*

3. Name of Authorised Signatory <i>(Provide in order of first name, middle name, surname)</i>																				
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4. Date of birth					/					/					5. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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(tick ✓ one)

6. Father's/ H u s b a n d ' s name																				
	First Name					Middle Name					Surname									

7. PAN																				
8. Passport No.																				

9. E-mail address																				
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10. Residential Address <i>(If different from principle place of business)</i>	Building Name/ Number																			
	Area/Road																			
	Locality/Market																			
	PIN Code																			
	Telephone Number																			
	Fax Number																			

11. Permanent Address <i>(If different from residential address)</i>	Building Name/Number																			
	Area/Road																			
	Locality/Market																			
	PIN Code																			
	Telephone Number																			
	Fax Number																			

12. 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 (*First name, Middle Name, Surname*)

Designation

Signature

13. 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.

Signature of Authorised Signatory

Full Name (*first name, middle, surname*)

Designation

Place

Date

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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 you:
 - (i) had turnover of more than Rs. 5 lakhs in the preceding financial year; or
 - (ii) exceed turnover of Rs. 5 lakhs in the current year; or
 - (iii) are liable to pay tax, or are registered or required to be registered under Central Sales Tax Act, 1956
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 30 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 5 items on the basis of value of goods sold.
8. In case any of these details change, the dealer is required to intimate the department of the amendments within one month of the change.
9. The form has to be filled and signed by the authorised signatory of the business.
10. Businesses with a turnover of more than Rs 5 crores are mandatorily required to file returns every month. Businesses with a turnover of less than Rs. 5 crores are required to file returns every quarter. They may however, elect to file their returns every month.
11. Registration application should be verified and signed by the following:
 - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
 - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
 - (iii) in the case of a company or local authority, by the principle officer thereof;
 - (iv) in the case of a firm, by any partner thereof, not being a minor;
 - (v) in the case of any other association, by any member of the association or persons;
 - (vi) in the case of a trust, by the trustee or any trustee; and

(vii) in the case of any other person, by some person competent to act on his behalf.

Instructions for filling Registration Form (Part A, B and C)

1. In case of partnerships, Part A to be filled and signed by the managing partner *plus* top 4 other partners.
2. In case of companies, Part A to be filled and signed by the company secretary, the managing director and 3 other directors.
3. If required, make additional copies of the Parts and attach with application form for registration (DVAT-04).
4. An amendment would be required each time a person changes (and not when the details of an existing person change).
5. In case of minors, the specimen signature of guardian/trustee should be furnished.
6. In case of Part C, it is to be filled and signed by the person whose details are given in the Part.
7. Every sheet filled in the Parts has to be signed by the same person (authorised signatory) who has signed the registration application.
8. 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 principle 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 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