

THE WEST BENGAL VALUE ADDED TAX RULES, 2005

FORM 1

Application for New 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

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04 Name of the Applicant:

First Name																				
Middle Name																				
Surname																				

05. Sex: Male / Female

06. Father's Name / Husband's Name:

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07. Trade Name:

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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 :

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

a) Resale of taxable goods in West Bengal:

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b) Resale of non-taxable goods in West Bengal:

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c) Use as raw materials in the manufacture of taxable goods in West Bengal:

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d) Use as raw materials in the manufacture of non-taxable goods in West Bengal:

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e) Use in the execution of works contract in West Bengal:

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

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26. ECC Number under the Central Excise and Tariff Act, 1985 (if any):

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27. Certificate of Enlistment issued by the Municipal / Local Body.

a) Number of the Certificate

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b) Date of issue of the certificate :

D D M M Y Y Y Y

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c) Date of last renewal of the certificate :

D D M M Y Y Y Y

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28. Total amount of purchases, sales and contractual transfer price (C.T.P) of goods in:

(a) Last year:

Purchases	Rs.	Sales	Rs.	C.T.P.	Rs.
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(b) Last Quarter:

Purchases	Rs.	Sales	Rs.	C.T.P.	Rs.
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29. Date of commencement of purchase, sale and works contract:

a) Date of commencement of purchase :

D D M M Y Y Y Y

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b) Date of commencement of sale :

D D M M Y Y Y Y

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c) Date of commencement of works contract:

D D M M Y Y Y Y

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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.**

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 - 01	Rented - 02	Leased - 03	Rent-free - 04	Others - 05
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10. Please enter the two digit code that identifies the status of the business from the selection below:

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

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 -07	Transferor of right 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.**

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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 :

D	D	M	M	Y	Y	Y	Y

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

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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) :

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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.:

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12. Details of Personal Bank Account ***:

Name:

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Branch:

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Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

Account held: Solely / Jointly

13. Details of personal immovable assets :

14. Specimen signature :
*Proprietor/Partner/Karta

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

First Witness:

Signature:

Name:

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Address:

Seal:

Second Witness:

Signature :

Empty rectangular box for signature.

Name:

Empty grid box for name, consisting of 28 small squares in a single row.

Address:

Empty grid box for address, consisting of 3 rows and 28 columns of small squares.

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.

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

First Name	<input style="width: 95%;" type="text"/>
Middle Name	<input style="width: 95%;" type="text"/>
Surname	<input style="width: 95%;" type="text"/>

02. Date of Birth :

D	D	M	M	Y	Y
<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

03. Official Designation

<input style="width: 95%;" type="text"/>
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04. How long associated with the business

<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>
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Years

<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>
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Months

05. Present Residential Address:

<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>

06. Permanent Residential Address:

<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>

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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

02. Registration Number under the Central Sales Tax Act 1994

(Tick whichever is applicable)

03. If the business was enjoying any Industrial Incentive Scheme under the West Bengal Sales Tax Act, 1994 as on 31st March 2004 Yes / No

05. If yes, please specify :

a) Name of Incentive Scheme:
(* Strike out whichever is not applicable.)

*Tax exemption under section 39/ De section 40 or section 42 or section 43 under section 41 or section 42 or sect

b) Eligibility Certificate No. and date of effect thereof:

c) Date of expiry of the Certificate:

06. if the dealer is also engaged in the execution of Works Contract under section 15 of West Bengal Sales Tax Act 1994: Yes No
(Tick whichever is applicable)

07. if the dealer is also engaged in leasing of goods under section 2(30)(c) of West Bengal Sales Tax Act 1994: Yes No

08. Name of Chamber of Commerce or Trade Association where the dealer is a member:

Signature of the Applicant in Form 2

Status of the Applicant