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:

04. If the business was enjoying any Industrial Incentive Scheme under the West Bengal Sales Tax Act,1994 as on 31st 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 certificate D D M M Y Y Y Y

06. If the dealer was also engaged in the execution of Works Contract under section 15 of West Bengal Sales Tax Act 1994: Yes ☐ No ☐

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

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:

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:

Second Branch:

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:

First Warehouse:
(i) Address:

(ii) Telephone Number

Second Warehouse:
(i) Address:

(ii) Telephone Number

19. Addresses and Telephone numbers of all Factories in West Bengal:
Factory 1:
(i) Address:

(ii) Telephone Number

Factory 2
(i) Address:

(ii) Telephone Number

20. Nature of Business. (a) (b) (c) (d)
(For code no. refer to instruction sheet appended to the form)

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. Number of Registration Certificate issued by Registrar of Companies, West Bengal:

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 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:

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

b) Date of issue of the certificate : D D M M Y Y Y Y

c) Date of last renewal of the certificate : D D M M 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.**

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:

Owned - 01	Rented - 02	Leased - 03	Rent-free - 04	Others - 05

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. 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 -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 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.

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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 use separate sheet for each Person.]

Affix a duly attested black & white 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 :

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 of the Bank:

Branch:

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:

Address:

Seal:

Second Witness:

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Signature :

Name:

Address:

Seal:

Signature of the Applicant in Form 2

Status of the Applicant

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* 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(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.]

Affix a duly attested black and white passport size photograph

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

First Name	
Middle Name	
Surname	

02. Date of Birth : D D M M Y Y Y Y

03. Official Designation

04. How long associated with the business Years Months

05. Present Residential Address:

06. Permanent Residential Address:

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:

Address:

Seal:

Second Witness:

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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.**