

CHANDIGARH ADMINISTRATION
EXCISE & TAXATION DEPARTMENT



Form VAT-1

[See Rule 3(2) of the Punjab VAT Rules, 2005]
Application for Registration

1 Name of the applicant _____

2 Trade name in which business is carried on (if different from name of applicant) _____

3 Type of registration VAT (Obligatory) VAT (Voluntary) TOT

Tick as applicable

4 Expected Turnover in the current financial year Rs 25 lacs or above Less than Rs 25 lacs but greater than Rs 5 lacs

5 Date from which liable to tax _____
DD / MM / YYYY

6 Constitution of business Proprietorship Private Ltd. Company Government Company
 Partnership Public Ltd. Company Government Corporation
Tick one HUF Society/ Club/ Trust Central / State Government
 Others, please specify _____
(Please fill details about persons having interest in business in **Annexure I**)

7 Nature of business Manufacture Distribution Wholesale
 Retail Export Import
Tick all applicable Works Contract Leasing
 Others, please specify _____

8 List of principal goods manufactured / sold _____

9 Permanent Account Number (PAN), if available _____

10 Registration number under Central Excise Act (if applicable) _____

11 Main operating bank account Bank name: _____ Address: _____
Account _____
No: _____

12 Address of Principal place of business in UT, Chandigarh
Building Name/ _____
Number _____
Area/ Road _____
City _____
Pin Code _____
Email Id _____

Telephone _____
Number(s) _____
Fax Number(s) _____

13	Number of places of business in India (attach details about places of business including that of other places of business in Punjab)	Factories _____	Outside state (Nos. only) _____
		Godowns/ Warehouses _____	_____
		Branches _____	_____
		Shops/ Retail outlets _____	_____
		Others (Please specify) _____	_____

14 Total no. of enclosures

Verification

I certify that the information given in this form and its attachments (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature
Full name of authorized representative
Designation
Date
Place



Annexure I
Particulars of person(s) with interest in business

1. Name of _____
the
Business

2. Full Name _____

3. Fathers / _____
Husbands
Full Name

4. Date of Birth (in case of minors) ____ / ____ / ____
DD / MM / YYYY

5. Gender Male Female

Tick as applicable

6. Principal Place of Business

Building
Name/
Number _____

Area/
Road _____

City _____

Pin Code _____

Email Id _____

Telephone _____

Number(s)
Fax _____

Number(s) _____

7. Permanent Residential Address

Building
Name/
Number _____

Area/
Road _____

City _____

Pin Code _____

Email Id _____
Telephone _____
Number(s) _____
Fax _____
Number(s) _____

8. Status and extent of interest in business Status _____ % _____

9. Particulars of interest in any other business (es) within Punjab, if any.

Name of other business	Complete Address of other business	VRN/TRN	CST Registration No	Nature and extent of interest in the business
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10. Particulars of all immovable property owned by or in which the person has any interest

Description of property	Full address of the property	Nature and extent of interest in the property
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Verification

I certify that the information given in this form is true and correct to the best of my knowledge and belief and nothing has been concealed. I further declare that I shall inform the department whenever there is a change in the information provided above

Signature _____
Full name of the person _____
Designation _____
Place _____
Date _____

Annexure II

Particulars of places of business

1. Principal place of business

Building

Name/

Number

Area/

Road

City

Pin Code

Email Id

Telephone

Number(s)

Fax

Number(s)

2. State

3. Date of establishment

4. Type

(Tick

One)

Godown

Factory/ Industries

Shop/ Retail outlets

Office/ Branch
offices

Other (Please specify)

1. Additional places of business (If more than one, attach separate sheets)

Building

Name/

Number

Area/

Road

City

Pin Code

Email Id

Telephone

Number(s)

Fax

Number(s)

2. State

3. State local tax registration number (if
State is other than Punjab)

4. Date of establishment

5. Type

(Tick

One)

Godown

Factory/ Industries

Shop/ Retail outlets

Office/ Branch
offices

Other (Please specify)

Verification

The above statement(s) are true and complete to the best of my knowledge and belief and nothing has been concealed. I further declare that I shall inform the department whenever there is a change in the information provided above

Signature _____
Full name of _____
the person _____
Designation _____
Place _____
Date _____

Annexure III
Particulars of authorized representative

1. Name of the Business _____
2. Place of business with address _____
3. Full Name of the Authorised representative _____
4. Designation _____

5. Permanent Residential Address

Building Name/ Number _____
Area/ Road _____
City _____
Pin Code _____
Email Id _____
Telephone Number(s) _____
Fax Number(s) _____

6. Date from which authorised to act as an authorised representative ___ ___ / ___ ___ / ___ ___

DD / MM / YYYY

Declaration

I/ We declare that the person named above is authorised to act as an authorised representative for the above referred business for which application for registration is being filed / is registered under Punjab VAT Act, 2005. His all actions in relation to this business will be binding on us.

Signatories

Full Name	Signature	Status
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Acceptance as an authorised representative

I, accept to act as an authorised representative for the above referred business.

Signature

Full name of
the person

Designation

Place

Date
