

# Form VAT-5

(See rule 11 and 12)

## Application for Amendment in registration details

(Please read the INSTRUCTIONS carefully before filling the form)

### Cover Page

#### Checklist of Supporting Documents

- Proof of change in the name of business
- Proof of change in principal / other place(s) of business
- Document evidencing acquisition of business or sale or disposal of business in part
- Proof of change of constitution
- Fresh security in case of change in constitution
- Proof of death, where applicable
- Original Registration Certificate

#### For Office Use Only

- VRN / TRN \_\_\_\_\_
- Date of receipt: \_\_\_\_\_
- Serial number of the Acknowledgement Receipt: \_\_\_\_\_
- Date of issue of Amended certificate: \_\_\_\_\_
- Amendments in Register: \_\_\_\_\_
  - Date of Amendment: \_\_\_\_\_
  - Reference No: \_\_\_\_\_

Name of receiving official: \_\_\_\_\_ Designation: \_\_\_\_\_

Office Code: \_\_\_\_\_

Signature \_\_\_\_\_

## Instructions

1. 1. Please do fill in your registration number
2. 2. Please identify the particulars where there is a change in the details in column 3
3. 3. Please fill in the amended details in column 4 only against the particulars identified
4. 4. In case of possible amendment in Registration Certificate, enclose original registration certificate issued under Punjab VAT Act, 2005 as extended to Union Territory, Chandigarh.
5. 5. Please note that following supportings, if applicable, has to be submitted along with the amendment application
  - a. a. proof of change in the name of business
  - b. b. proof of change in principal / other place(s) of business
  - c. c. document evidencing acquisition of business or sale or disposal of business in part
  - d. d. proof of change of constitution
  - e. e. fresh security in case of change in constitution
  - f. f. proof of death
- b. b. Please note that this Form is to be verified and signed by:
  - a. a. proprietor, in case of proprietorship concern
  - b. b. managing partner, in case of partnership firm and where there is no managing partner, by any other partner
  - c. c. managing director or authorized signatory, in case of a company
  - d. d. karta, in case of Hindu Undivided Family
  - e. e. authorised signatory, in all other cases

# Form VAT- 5

[See rules 11 and 12]

## Application for Amendment in registration details

1 VRN/TRN \_\_\_\_\_

2 Name of Business \_\_\_\_\_

3 Particulars of changes

[Identify the change by ticking appropriate box. Then, give the particulars in appropriate column hereafter

- a. sale or disposal of business
- b. sale or disposal of business place
- c. discontinuance of business
- d. transfer of business
- e. change in place of business
- f. opening of new place of business
- g. change in name of business
- h. change in constitution of business
- i. change in nature of business
- j. change in class of goods
- k. death of person
- l. any other change, please specify
- m. m. Change to be intimated by transferee of business:  
Acquisition of business (upon transfer)

4 Particulars of changes:

a. Sale or disposal of business:

i) Date of sale/disposal of business:

ii) Nature of business sold/disposed off:

iii) Place(s) at which such business was carried on:

Address :

Building Name / No. \_\_\_\_\_

Area / Road \_\_\_\_\_

City/Ward \_\_\_\_\_

Pin Code \_\_\_\_\_

E-mail ID \_\_\_\_\_

Telephone No.(s) \_\_\_\_\_

Fax No.(s) \_\_\_\_\_

b. Sale or disposal of place of business:

i) Date of Sale

ii) Place of Business sold/disposed off:

Address :

Building Name / No. \_\_\_\_\_

Area / Road \_\_\_\_\_

City/Ward \_\_\_\_\_

Pin Code \_\_\_\_\_

E-mail ID \_\_\_\_\_

Telephone No.(s) \_\_\_\_\_

Fax No.(s) \_\_\_\_\_

c. Discontinuance of business:

- i) Date of Business:
- ii) Nature of Business
- iii) Place(s) at which it was carried on:  
Address :  
Building Name / No. \_\_\_\_\_  
Area / Road \_\_\_\_\_  
City/Ward \_\_\_\_\_  
Pin Code \_\_\_\_\_  
E-mail ID \_\_\_\_\_  
Telephone No.(s) \_\_\_\_\_  
Fax No.(s) \_\_\_\_\_

d. Transfer of business

- i) Date of Transfer
- ii) Nature of Transfer
- iii) Business transferred and its nature
- iv) Place(s) at which the business was carried on:  
Address :  
Building Name / No. \_\_\_\_\_  
Area / Road \_\_\_\_\_  
City/Ward \_\_\_\_\_  
Pin Code \_\_\_\_\_  
E-mail ID \_\_\_\_\_  
Telephone No.(s) \_\_\_\_\_  
Fax No.(s) \_\_\_\_\_

- v) Name of Transferee:
- vi) VRN/TRN, if any, of transferee

e. Change in place of business

- i) Date of change \_\_\_\_\_
- ii) Address of new place(s) of business:  
  
Building Name / No. \_\_\_\_\_  
Area / Road \_\_\_\_\_  
City/Ward \_\_\_\_\_  
Pin Code \_\_\_\_\_  
E-mail ID \_\_\_\_\_  
Telephone No.(s) \_\_\_\_\_  
Fax No.(s) \_\_\_\_\_

f. Opening new place of business:

- i) Date of opening
- ii) Nature of Business proposed to be carried on
- iii) Place(s):  
Address :  
Building Name / No. \_\_\_\_\_  
Area / Road \_\_\_\_\_  
City/Ward \_\_\_\_\_  
Pin Code \_\_\_\_\_  
E-mail ID \_\_\_\_\_  
Telephone No.(s) \_\_\_\_\_  
Fax No.(s) \_\_\_\_\_

g. Change in name of business:

- i) Date of change
- ii) Old Name

iii) New Name

h. Change in constitution of person

i) *Date of change*

ii) Nature of change (In case of any changes in the details of persons having interest in business, please attach Annexure I of VAT 1 to notify the changes)

i. Change in nature of business

Tick the one(s), applicable now

i) Date of change \_\_\_\_\_

ii) Nature of change:

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                          | Manufacture              |                          | Distribution             |                          | Wholesale                |
| <input type="checkbox"/> | <input type="checkbox"/> | Retail                   | <input type="checkbox"/> | <input type="checkbox"/> | Export                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Works                    | <input type="checkbox"/> | <input type="checkbox"/> | Leasing                  |
|                          |                          | Contract                 |                          |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Others, please specify   |                          |                          |                          |
- \_\_\_\_\_

j. Change in class of goods sold

i) Date of change \_\_\_\_\_

ii) Class of goods added:

iii) Class of goods discontinued:

k. Death of Person:

i) i) Name of the deceased \_\_\_\_\_

ii) ii) Date of death \_\_\_\_\_

l. Any other (please specify)

i) Date of change \_\_\_\_\_

ii) Nature of change \_\_\_\_\_

iii) Particulars in Application/RC affected

\_\_\_\_\_

m. Acquisition of business, upon transfer:  
(information to be furnished by transferee)

i) Date of acquisition

ii) Name of transferor

iii) TRN/VRN of transferor

iv) Nature of business

v) Place(s) of business transferred

Address :

Building Name /

No. \_\_\_\_\_

Area / Road \_\_\_\_\_

City/Ward \_\_\_\_\_

Pin Code \_\_\_\_\_

E-mail ID \_\_\_\_\_

Telephone No.(s) \_\_\_\_\_

Fax No.(s) \_\_\_\_\_

5) In case of any changes in the particulars of authorised representative, please attach Annexure III of VAT-1 to notify the changes

Date of change \_\_\_\_\_

**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 Applicant/Authorized Signatory

Designation

Date

Place