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. Please do fill in your registration number
2. Please identify the particulars where there is a change in the details in column 3
3. Please fill in the amended details in column 4 only against the particulars identified
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. Please note that following supportings, if applicable, has to be submitted along with the amendment application
   a. proof of change in the name of business
   b. proof of change in principal / other place(s) of business
   c. document evidencing acquisition of business or sale or disposal of business in part
   d. proof of change of constitution
   e. fresh security in case of change in constitution
   f. proof of death
b. Please note that this Form is to be verified and signed by:
   a. proprietor, in case of proprietorship concern
   b. managing partner, in case of partnership firm and where there is no managing partner, by any other partner
   c. managing director or authorized signatory, in case of a company
   d. karta, in case of Hindu Undivided Family
   e. authorized 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. 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
   i) Date of change
   ii) Nature of change:
       - Manufacture
       - Distribution
       - Wholesale
       - Retail
       - Export
       - Import
       - Works
       - Contract
       - Leasing
       - 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