FORM VAT 1
[See rule 4(i)]
Application for Registration under the Karnataka Value Added Tax Act, 2003/ Central Sales Tax Act, 1956/Karnataka Tax on Entry of Goods Act, 1979

TIN	(to be filled in by CTD)

Part - "A" (TIN Allocation) **Sur Name** **Given Name**

2" X 2" Latest Photograph

1. Name of the Applicant
2. Father's/Mother's/ Husband's Name
3. Date of Birth — Sex (M or F)
4. Trading Name
5. Business Status (Tick any one) — Proprietary / Partnership / Private Limited Company / Public Limited Company / Others (Specify)…… (if Partnership concern or Company, fill up VAT FORM 4 attached)
6. PAN
7. **Business Address :**
   Number& Street
   Area or Locality
   Village / Town/City
   District — PIN Code
   If having more than one place of business, fill up Form VAT 3 attached.
8. **Contact Numbers :**
   Telephone — Mobile
   Fax
   Email
9. Specimen Signature

1.		File Form VAT 5 attached if you authorize some one for signing the returns
2.		
3		

Part (B) **TIN Allocation**

10. (a) **Residential Address (Permanent)**

Number & Street
Area or Locality
Village / Town /City
District — State
PIN Code — Country

10. (b) **Residential Address (Temporary)**

Number & Street			
Area or Locality			
Village / Town /City			
District		State	
PIN Code		Country	

11. Name of the Statutory Authority with whom already registered. | Registrar of Companies / Registrar / Others …. (Attach Proof)

Business Details :

12. Type of Business : Manufacturer / Wholesaler / Retailer / Contractor / Others (Specify)…….. 12 A CODE [CTD to complete]

13. 1st Major Commodity / Traded / Manufactured _____ 14 CODE [CTD to complete]

15. 2nd Major Commodity / Traded / Manufactured 16. Code : [CTD to complete]

17. Date of Commencement of business

18. Turnover estimated for 12 continuous months /4 Quarters (For dealers applying for COT) | Rs.

19. Do you wish to register for VAT or Composition Tax? VAT COT

20. If you wish to register under COT, mention the category (Please tick appropriate box/item)

Dealer U/s 15(1)(a)	Hotelier / Restaurateur / Caterer / Sweet meat stall / Bakery / Ice-cream Parlor.	Mechanized Stone Crushing unit - granite/non-granite	Works Contractor

21. Do you wish to apply for registration under the CST Act? Yes / No

22. If Yes, file Form A under the CST (R and T) Rules, 1957, However mention the commodities which you propose to purchase against declarations under Section 8(1) of the CST Act, 1956 as required in serial number 16 of Form A of the said Rules.

(a) For resale	b(i) For use in the manufacturer or processing of goods for sale (b)(ii) For use in the Telecommunications network.	(c) For use in mining	(d) For use in the generation of distribution of electricity or any other form of power	(e) For use in the packing of goods for sale / Resale.

23. Do you wish to deal in goods taxable under the KTEG Act 1979? Yes / No

24. If yes, indicate the commodity proposed to be dealt:

Additional Information :

Bank Details:

25. Name of the Bank & Branch

26. Bank Code

27. Account Number

28. Type of Account

(if you operate more than one Bank Account, give details on separate sheet)

Affidavit :

I hereby apply for registration under KVAT/KTEG/CST Acts and declare that the details furnished above are true and correct to the best of my knowledge. I am aware that there are penalties for making false declarations.

29. Name

30. Date :

Signature :

Status :

Note: Please enclose documentary proof in respect of information provided in serial numbers 6,7,8, 10 and 11.

Part "C" Official Use Only :

31. Date of receipt :

32. VAT or COT?

33. EDR :

34. Local VAT Office (LVO) Code : Description

35.	**Security Deposit Type**	**Amount :**

36. If NSC / Bank Guarantee details of Post Office / Bank Drawn on

37. Expiry Date of the instrument referred at (36) above

38.	**Free Format text box for notes:**	
39.	Processed by :	Officer CODE:

40	**Check Memo** **(To be completed by the Department after enquiry / visit)**
	Date of Visit :
1.	Nature of business as ascertained :
2.	Date of commencement of purchases and purchases made till date of visit :
3.	Date of commencement of sales and Sales made till date of visit :
4.	Capital proposed to be invested :
5.	Stock of goods held at the time of visit :
6.	Books of accounts maintained :
7.	Verification of originals in connection With information provided in Sl. Nos.6, 7,8,10,11 of Form VAT 1
8.	Verification of Title of place of business (Own / Leased / Rented / Others)
9.	Other information :

Signature of the person with his relation to business

Signature and name of CTI conducting the enquiry.

Date:

Remarks of the Registering Authority:

Signature and seal of the (LVO / VSO)