FORM VAT 100

APPLICATION FOR VAT REGISTRATION

(See Rule 4(1)

Affix Passport Size Photo of Sloe Proprietor, In case Partnership fir / Companies / others Affix photos of responsible persons on VAT 100B

Submit in duplicate

Read instructions on the reverse before completing this form

Use separate sheet where space is not sufficient.

To

The Commercial Tax Officer,

Registering Authority,

_____Circle.

01. Name of the business to be registered:		
02.Address of Place of business	Door. No.	Street
	Locality	Town/City
	District	Pin Code
	Phone. No.	Fax. No.
	E mail:	website/URL
03.Occupancy Status : Owned / Rented / Leased / Rent-free/ Others		
04. Name & Address of the Owner	Name:	
	Father/Husband Name	
	Date of Birth:	
(Residential Address of the of Person responsible i.e, Managing Partner / Managing Director For business	Door. No.	Street
	Locality	Town/City
	District	Pin Code
	Phone. No.	Fax. No.
	E mail:	
05. Status of business: (Mark "v " where applicable)		
Sole Proprietorship	Partnership	Private Limited Co.,
Public Limited Company	Govt. Enterprise	Others (Specify)
06. Nature of Principal business activities:		
07. Principal Commodities traded :		
08. Bank Account Details:		
Bank Name:	**Branch & Code**	**Account.No**.
1.		

2. 3.
09. Income Tax Permanent Account Number : (PAN)
10. Address of additional places of business / Branches / Godowns (including those outside A.P.) : **Use form VAT 100 A**
11. Particulars of owner/ Partners / Directors etc., **Use form VAT 100 B**
12. Language in which books are written:
13. Are your accounts computerized: YES NO
14. Date of first taxable sale Date Month Year
15. Turnovers of taxable sales of goods including zero rate in: a) The last 3months Rs. b) The last 12 months Rs.
16. Anticipated turnovers of taxable sales of goods including zero rate in : a) The last 3months Rs. b) The last 12 months Rs.
17. Anticipated turnover of exempted sales of goods and transactions in the 12 months
18. Are you applying for voluntary registration YES NO
19. Are you applying for registration as Start up Business: YES NO
20.Indicate your GRN Number, if any: YES NO Have you applied for CST Registration
21. Registration Number (if any Under Profession Tax act:
22. Do you expect your input tax to YES NO regularly exceed your output tax ? if yes why?
23. Are you applying for registration in response to YES NO a notice by the Tax Officer ?
24. Any other relevant information like are you availing Tax incentives ? If so write details.
Declaration: I ..... S/o ..... Status ..... of the above enterprises here by declare that the particulars given are correct and true to the best of my knowledge and belief. I under take to notify immediately to the registering authority in the Commercial Taxes Department of change in any of the above particulars. Signature with Stamp. Date of application.

FOR OFFICE USE ONLY

25. Date of receipt of application	
26. Activity /Commodity Code	
27. Exempt Indicator	
28. Voluntary Registration Indicator	
29. Startup Business Indicator	
30. CST Indicator	
31. Refund Indicator	
32. Works contract Indicator	
33. Suomoto Registration Indicator	
34. Special Rates –Schedule –VI goods Indicator	
35. Tax incentives Indicator	
36. Date of issue of Registration Certificate	
37.Effective date of Registration	
38.Date of refusal of Registration	
39.Taxpayer Identification Number (TIN):	

Processing Authority

Name:

Designation

Registering Authority

Name:

Designation

NOTES FOR COMLETION OF THE VAT REGISTRATION APPLICATION FORM DESCRIPTION.

Please fill in the name of the tax office in whose jurisdiction your premises located and applying for VAT Registration.

01. Name of business to be registered : Insert name of the enterprise to be registered.

02. Address of Place of business: Fill in the details of the actual of the actual location of your enterprise like: house number, street, locality, town / city and where possible indicate the name of building if any and floor etc., Fill in your telephone and fax number, if any, in the space provided.

03. Occupancy Status of the business premises: Strike off which ever is not applicable.

04. Name address of Owner of Enterprises : In the case of a proprietary concern, details of the proprietor in case of partnership firm details of Managing Partner, incase of Public Limited Company / Private Limited Company details of Managing Director should be filled in. Incase of others, persons who is authorized to do business be filled in.

05. Status of business: Tick category appropriate to your business. Incase of other business like Hindu undivided family, Society club, Association, Trust, Local authority, Govt. departments etc., please specify the status.

06. Nature of Principal Business Activities: Fill in the description of your main business activity. If it does not fit in the space provided on the form, or there are additional business activities, record these on a separate sheet.

Ex: Manufacturer, Exporter, Importer, Distributor, C&F Agent, Wholesaler/ Stockiest, Retailer, Agent, Govt./Local authority Works Contractor, Other Works Contractor, Hotels, Leasing and any combination of these activities. If any other specific activity is undertaken, please indicate the same.

07. Principal Commodities traded : Fill in the description of your principal Commodities traded.

08. Business bank account details : Fill in the name of your Bank, branch along with the relevant code and your account number. Incase you have more ban accounts, including those located outside Andhra Pradesh, Please mention the details of all bank accounts.

09. Income Tax Permanent Account Number(PAN) : Indicate your permanent account number allotted by the Income Tax Department.

10. Address of Additional place of Business/ Branches / Godowns (if any) : Fill in the address of branches of the business if there are any. Additional places / branches / godowns including those located outside Andhra Pradesh must be declared on Form VAT 100A.

11. Particulars of Owners / Partners/ Directors etc.: Fill in the name in full, function like Director, Partner, Agent etc., and address of the owners of the enterprises in the space provided on Form VAT 100 B . Avoid abbreviations.

12. Language in which book is maintained : State the language in which the records are maintained.

13. Are your accounts computerized : Please state whether you have computerized accounts in your business. Tick Yes or No.

14. Date of first taxable sale : Incase of new business fill in the date when you expect to make your first taxable date of sale including sales liable at the zero rates. If your are already in business, please indicate the first taxable sale liable to VAT.

15(a) Turnover of taxable sales of goods in the last 3 months: Fill in, in rupees the total value of sales of goods liable to tax at all rates including the zero rate made in the last 3 months.

15 (b) Turnover of taxable sales of goods in the last 12 months : Fill in, in rupees the total value of sales goods liable to tax at all rates including the zero rate made in the last 12 months.

16 (a) Anticipated turnover of taxable sales of goods in the next 3 months : Fill in, in rupees, the total value of taxable sales of goods at all rates including the zero rate that you except to realize in the next 3 months.

16(b) Anticipated turnover of taxable sales of goods in the next 12 months: Fill, in rupees, the total value of taxable sales of goods at all rates including the zero rate that you except to realize in the next 12 months.

17. Anticipated turnover of exempt sales and transactions in the next 12 months: Fill, in rupees the value of exempt sales and transactions which are defined in the APVAT Act that you expect to make in the next 12 months.(See VAT leaflet 01 "VAT Guide").

18. Are applying for voluntary registration : If your taxable turnover does not exceed the VAT registration limit of Rs.10 lakhs in the case of sales of goods in ay consecutive 3 months period and you do not expect to exceed these limits in the next 3 months you may still apply for registration for VAT and this is voluntary registration. In this case cross Yes, other wise cross No.

19. Are you applying for registration as Start up Business: Are you applying for registration more than 3 months before expecting to make taxable sales.(Tick Yes or No).

20. Indicate your GRN: Indicate your General Registration Number, if any you are applying VAT registration. Have you applied for CST Registration ? Declare whether you have applied for registration under CST Act.

21. Registration Number under Profession Tax Act: Please enter the registration number allotted to you, if any under A.P. Profession Tax Act.

22. Do you except your input tax to regularly exceed your output tax : Do you expect the tax you are charged on your purchases to regularly exceed the tax you charge your customers ? If yes provide a reason i.e., whether exporter of goods.

23. Are you applying for registration in response to a notice by the Tax Officer ? Please write the notice number you have received, in case you are applying for VAT Registration in response to the notice received from the tax department.

24. Any other relevant information ? If you are availing tax incentives like tax-deferment or tax-deferment or tax holiday, Please provide the details like type of incentives, amount of incentives period etc. If required use separate sheet of paper.

Declaration : Fill in the full name of the person and indicate the status of that person. Sign and date the application.

IMPORTANT:

a) Copy of Proof of Identity of the sole proprietor / managing partner / managing director / responsible person for the business like copy of passport, voter Identity card, Proof of bank account, Credit Card, Ration Card, Driving License etc., must be enclosed.

b) Please fill in and enclose Form VAT 100A and 100 B if they found necessary.

FORM VAT 100A

DETAILS OF ADDITIONAL PLACES OF BUSINESS /BRANCHES / GODOWNS IN ANDHRA PRADESH

Name of the business: _____

01 Address _____

_____

_____

Pincode

Telephone

Signature _____

Date _____

02 Address _____

_____

_____

Pincode

Telephone

Signature _____

Date _____

03 Address _____

_____

_____

Pincode

Telephone

Signature _____

Date _____

Note :- Please see overleaf to fill in the details for Address of Branch / Godowns located outside Andhra Pradesh.

ADDRESSES OF BRANCHES / GODOWNS LOCATED OUTSIDE ANDHRA PRADESH

01 State _____

Address _____

_____

_____

Pincode

Telephone

R.C.Number under State Act:

R.C.Number under C.S.T. Act:

Signature _____

Date _____

02 State _____

Address _____

_____

_____

Pincode

Telephone

R.C.Number under State Act:

R.C.Number under C.S.T. Act:

Signature _____

Date _____

03 State _____

Address _____

_____

_____

Pincode

Telephone

R.C.Number under State Act:

R.C.Number under C.S.T. Act:

Signature _____

Date _____

FORM VAT 100B

PARTICULARS OF PARTNERS / DIRECTORS / PERSONS RESPONSIBLE (AUTHORISED) FOR THE BUSSINESS.

Affix Passport Size Photo of Partner / Director / Person Responsible.

NAME OF THE BUSINESS:

1) Fill in the details for each Partner/ Director / Responsible Person separately in the boxes provided for Please use BLOCK LETTERS and write clearly.
2) Strike off Partner/ Director / Responsible Persons whichever is not applicable

PARTICULARS OF PARTNERS / DIRECTORS / PERSONS RESPONSIBLE S DETAILS

1.	Full Name	
2.	Father's/Husband's Name	
3.	Date of Birth	
4.	Extent of interest in business (Partnership firm) / Official Designation and date of joining in the present capacity (incase of Directors in Limited Companies)/ Status & function of Person Responsible (Authorised) for the business	
5.	Other business interests in the State (Please specify)	
6.	Other business interests outside the State (Pl.specify)	
7.	Present Residential Address: Telephone .No. e-mail:	
8.	Permanent Address: Telephone .No. e-mail:	
9.	Income Tax Permanent Account Number (PAN)	

Date: Signature.

Affix Passport Size Photo of Partner / Director / Person Responsible.

PARTICULARS OF PARTNERS / DIRECTORS / PERSONS RESPONSIBLE S DETAILS

1.	Full Name	
2.	Father's/Husband's Name	
3.	Date of Birth	
4.	Extent of interest in business (Partnership firm) / Official Designation and date of joining in the present capacity (incase of Directors in Limited Companies)/ Status & function of Person Responsible (Authorised) for the business	
5.	Other business interests in the State (Please specify)	
6.	Other business interests outside the State (Pl.specify)	
7.	Present Residential Address: Telephone .No. e-mail:	
8.	Permanent Address: Telephone .No. e-mail:	
9.	Income Tax Permanent Account Number (PAN)	

Date: Signature