## Form DVAT 04 – Cover Page

(See Rule 12 of the Delhi Value Added Tax Rules, 2005)

#### Application for Registration under Delhi Value Added Tax Act, 2004

#### **Checklist of Supporting Documents**

Plea	ase tick as applicable
Mai	ndatory Supporting Documents
	Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same )
	Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of registration under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory
	Proof of identity of authorised signatory signing the Registration Application Form
	Two self addressed envelopes (Without stamps)
	In case of a dealer applying for registration and simultaneously opting for payment of tax under composition scheme, please attach application in Form DVAT 01 along with this application
	Proof of Security
<u>Opt</u>	ional Supporting Documents (For reduction in Security Amount)
	Proof of ownership of principle place of business
	Proof of ownership of residential property by proprietor/ managing partner
	Copy of passport of proprietor/ managing partner
	Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department
	Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)
	Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)
	Property Conference (Francisco March 1)
	Reasons for Rejection (For Office Use Only)
	Please tick as applicable
	□ Not attached Mandatory Supporting Document(s)
	Other

# Form DVAT 04

(See Rule 12 of the Delhi Value Added Tax Rules, 2005)

Application for Registration under Delhi Value Added Tax Act, 2004

Full Name of Applicant Dealer																
(For individuals, provide in order of firs	t												1	+		1
name, middle name, surname)														+		$\dashv$
																_
2. Trade Name (if any)					1									$\top$		٦
37																
3. Nature of Business (Tick☑ all applicable)	Manufacture	er 🗖	Trade	er 📮	<b>)</b> L	easing	g		Wo	rks	or	<u> </u>	Othe	ers (sp	pecify	)
4. Constitution of Busines  (Tick Ø one as applicable)	Propriet	•	<u> </u>	Private					<u> </u>				nderta	_		
	<u>HUF</u>			Public	Ltd.	Comp	any			Govt	Dept	t/ Soc	eiety/	Club/	Trus	t
Others, please specify  5. Type of Registration  Tick ☑ one ☐ Mandatory ☐ Voluntary																
5. Type of Registration Tick ☑ one ☐ Mandatory ☐ Voluntary																
5A. Ontine for commedition cohomo under section 16(2) of the Act? Tick 72 are																
5A. Opting for composition scheme	under section	on 16(2)	of the A	ct?	Tick E	☑ one				Yes				No		
										103				110		
6. Annual Turnover Category	Tick ☑ on	e	☐ Le	ess than l	Rs. 5	lacs				Rs. 5	lacs	or abo	ove			
(a) Turnover in preceding fin	ancial vear			Rs.												
(b) Expected turnover in the	-	ncial vear	r	Rs.									1			
(b) Expected turnover in the	Juitcht Imai	iciai ycai	1											<u> </u>		
		D 11:11		1.15		2004					1 ,			, 1		
7. Date from which liable for regis	ration under	r Delhi V	alue Ad	ded Tax	Act, 2	2004					<u> </u>			<u>/</u>		
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8. Permanent Account Number of the	ne applicant	dealer (F	PAN)													
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Registration number under Cent	ral Excise A	ct (if app	olicable)											Ь		
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10. Principle Place of Business	Buildin	g Name/	Number										$\perp$	$\perp$		
	Area/ R	oad														
	Locality	y/ Marke	t													
	Pin Cod Email Id												$\overline{}$		1	
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	Fax Nu		-		1	l							+	1	1	

11. Address for service of notice		Name/ Number													
(If different from principle place of	Area/ Ro														
business)	Locality/	Market													
	Pin Code										1	1			1
	Email Id	e Number													
	Fax Num														
12. Number of additional places of bus		or outside the stat	e				dowr	1 / W	areh	ouse					
(also please complete Annexure II)						Fac She	ctory						-		
						Otl	op her pl	ace(s	s) of	busin	ess		-		
13. Details of main Bank Account	Acc	ount Number													
13. Details of main Bank Account		CR Number													
		ne of Bank													
	Add	ress of Bank	<del></del>												
	,			•											
14. Details of investment in the busine	•66	Own Capital			(Rs.)										
(details should be current as on date of		Loans from Bank	KS .		(Rs.)										
application)		Other loans and			(Rs.)										
		Plant & Machine			(Rs.)										
		Land & Building Other assets & ir			(Rs.) Rs.)										
		,										,			,
15. Description of top 5 items you dea	l or propose	a to deal in				De	script	ion (	of ite	ms					
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		2													
		3													
		4													
		5													
16. Accounting Basis		7	ick <b>  o</b> ne		l		Accr	ual				Ca	sh		
17. Frequency of filing of returns (to b				is less	<u>s</u>		Mon	thly				Qu	arterl	y	
than Rs. 5 crores in the preceeding	g year)	Tick one <b>☑</b> if appli	<u>cable</u>												
	(a)	Amount of Securit	77		Rs.							1	1	1	1
18. Security	` ′		.y		13.										
		) Type of Security ) Date of expiry of S	l'aguaita			1		1	, I		- 1	- 1		1	
	(c)		security						/		/				
		Date of expiry of i					D	_	  -	Mand	h	-	•	Zoo	
		Date of expiry of t					Day			Mont	h		Y	/ear	
		, Date of expiry of t					Day			Mont	h		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ear	
19. Number of persons having interest	in business		ease compl	ete An	nexure	I for					h		Y	/ear	
19. Number of persons having interest 20. Number of managers	in business		ease compl	ete An	nexure	I for					h		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Year	

22. Name of Manag	er																						
					Fi	irst N	ame					N	1iddl	le Na	me			S	urna	me			
* if more than one man	ager, att	ach pa	rticul	ars fo	or addi	tional	mana	agers	on a	sepai	ate sh	eet				·							
23. Name of Author	iaad																						
23. Name of Aumor	iseu				Fi	irst N	ame					N	1iddl	le Na	me			S	urna	me			
Signatory*																							
* Please complete Anno	exure III	[														1							
24. Verification I/We true and correct to th Signature of Authori Full Name		•		knov	wledge	e and	beli				nnly g has						rmati	on g	iven	here	inabo	ove is	5
Designation																							
Place																							
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### Form DVAT 04: Annexure I

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Particulars of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business

1. Full Name of Applicant Dealer																		T	T	٦
(For individuals, provide in order of first																		+	_	┪
name, middle name, surname)																		+	-	4
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2. Registration No*.																				
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3. Full Name of Person	T			I													T	$\top$	Т	$\neg$
(Provide in order of first name, middle																		+-	+-	4
name, surname)															<u> </u>			_	4	4
4. Date of birth /		/					:	5. Ge	nder	(tick <u>b</u>	one)	· 🗆	l N	1ale			<b>)</b> I	Femal	e	
		<u> </u>														- 1				
6. Father's / Husband's name																				
			Firs	st Na	me			ľ	Middl	e Nar	ne					Surn	ame			
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7. PAN :								8	. Pass	port l	No.				_ _			Щ		_
9. E-mail address	T	1	1	1			- 1							-	- 1			<del></del> _		
9. E-mail address																				
10. Residential Address				me/ N	lumb	er														<u> </u>
(If different from principle place of business)		ea/ R		rkat																<u> </u>
business)				iikci																
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11. Permanent Address	Bu	ıildin	g Nai	me/ N	lumb	er														
(If different from residential address)		ea/ R																		
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12. Verificati	ion							he	reby	/ sole	emnl	v aff	ĭrm a	nd d	eclare	e tha	t the	info	rmat	ion g	iven	here	inab	ove is	š
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Signature of	Authorise	d Sig	natory			_																	_		
Full Name (	first name	e, mic	ddle, su	ırname,	)	_																			
Designation																									
Place																									
Date		/		/																					
	Day		Mont	th		Y	ear																		

## Form DVAT 04: Annexure II

#### Details of additional places of business

Full Name of Applicant Dealer												
(For individuals, provide in order of first												-
name, middle name, surname)												
,												
	<u> </u>				I						I	
2. Registration No.												
*This field is applicable when applying for	amendment of registration in Form	DVAT	07		1							
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3. Details of Additional Places of Busin	ness (attach addi	4i a.u. a.l. a	haata if		,							
5. Details of Additional Flaces of Bush	ness (anach aaan	uonai s	neeis ij i	requirea)	'							
Type Godown / Warehous				Shop		[	<u> </u>	Other	place	e of b	usiness	
Address	Building Name/ Number											
	Area/ Road											
	Locality/ Market											
	Pin Code											,
	Email Id											
	Telephone Number											
	Fax Number											
	Date of establishment		/		/							
		Day	y	Mor	nth		Yea	ır				
	VAT/CST registration number											
(if place of	business is situated outside Delhi)											
Type Godown / Warehous	se 🗖 Factory			Shop		Į.		Other	place	e of b	usiness	,
Address	Building Name/ Number											
	Area/ Road											
	Locality/ Market											
	Pin Code											
	Email Id											
	Telephone Number											
	Fax Number											
	Date of establishment		/		/							
		Day	у	Mor	nth		Yea	ır				
	VAT/CST registration number business is situated outside Delhi)											

Type		Gode	own.	/ Ware	hous	e			Fa	ctor	у				]	Shop	)				Oth	er pla	ice o	f busi	ness	
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						Loca	ality	/ Ma	rket																	
						Pin (	Code	e																		
						Ema	il Id	l																		
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Type		Gode	own.	/ Ware	hous	e			Fa	ctor	у					Shop	)				Oth	er pla	ice o	f busi	ness	
Address						Buil	ding	y Nai	ne/ ì	Num	ber															
						Area	a/ Ro	oad																		
						Loca	ality/	/ Ma	rket																	
					Building Name/ Number Area/ Road Locality/ Market Pin Code Email Id Telephone Number Fax Number Date of establishment Place of business is situated outside Delhi)  Tarehouse  Factory  Shop Other place of business  Building Name/ Number Area/ Road Locality/ Market Pin Code Email Id Telephone Number Area/ Road Locality/ Market Diace of business is situated outside Delhi)  Telephone Number Fax Number Date of establishment Date of establishment Date of business is situated outside Delhi)  Day  Month Year  Other place of business  Building Name/ Number Area/ Road Locality/ Market Diace of business is situated outside Delhi)  Day  Month Year  Day  Day  Month Nereby solemnly affirm and declare that the information given hereinabove is ny/our knowledge and belief and nothing has been concealed therefrom.																					
						Ema	il Id	l																		
						Tele	phor	ne N	umb	er																
						Fax	Nun	nber																		
						Date	of e	estab	lish	ment	t				/			/								
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Signature of	Auth	orise	d Sig	natory	7																					
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## Form DVAT 04: Annexure III

# Particulars of the authorised signatory

Full Name of Applicant Dealer																			
(For individuals, provide in order of first																			1
name, middle name, surname)																	-	+	1
	<u> </u>		1			1								1					_
2. Registration No.																	T		٦
*This field is applicable when applying for	amen	dment	of re	pistra	tion in	Form	DVA'	T 07											_
This field is applicable their applying join			0, . 0	5101741		1 0,	2,11	. 07											
3. Name of Authorised Signatory																		T	
(Provide in order of first name, middle																	+	+	7
name, surname)																	+-	+-	-
			ļ																
4. Date of birth /		/					:	5. Ge	nder (	tick <u>b</u>	Ione)	1 N	/ale			1	Femal	le	
		L											iuic				Ciliai	10	
6. Father's / Husband's name	Т		<u> </u>		Т	Т	Т								Т	T	T	Т	T
	L		Fir	st Na	me			N	Aiddle	e Nar	ne			(	Surna	ame			
7. PAN :	$\bot$							8.	Pass	port l	No.								<u> </u>
		,																	
9. E-mail address																			
10. Residential Address				me/ N	Numb(	er													
(If different from principle place of business)		rea/ R		rket															
ousiness)				iikci															
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11. Permanent Address	Вι	ıildin	g Na	me/ N	Vumb	er													
(If different from residential address)		rea/R																	
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		x Nu																	

12. Declaration	
I/We	hereby solemnly affirm and declare that the person named above is
authorised to act as an authorised signatory for the above	ve referred business for which application for registration is being filed/ is
registered under the Delhi VAT Act, 2004. All his action	ons in relation to this business will be binding on us.
registered under the Delhi VAT Act, 2004. All his action S.No.  Full Name (First name, Middle Name, Surname) Designation Signature	ons in relation to this business will be binding on us.
L	
13. Acceptance as an authorised signatory	
I 1	hereby solemnly accord my acceptance to act as authorised signatory for the above
referred business and all my acts shall be binding on the	e business.
Signature of Authorised Signatory	
Full Name (first name, middle, surname)	
Designation	
Doughauon	
Place	
Date	
Day Month Year	

Instructions for filling Registration Form (DVAT-04) (For details refer to Section 19 and Rule 12)

- 1. Please fill in all the details in CAPITAL letters.
- 2. Please note that you are **mandatorily** required to register if you:
  - (i) had turnover of more than Rupees 5 lakhs in the preceding financial year; or
  - (ii) exceed turnover of Rupees 5 lakhs in the current year; or
  - (iii) are liable to pay tax, or are registered or required to be registered under Central Sales Tax Act, 1956
- Please note that irrespective of the quantum of turnover of the business, a dealer may apply for voluntary registration under the Delhi Value Added Tax Act, 2004.
- 4. For field 3, an "importer" means -
  - (i) a person who brings his own goods into Delhi; or
  - (ii) a person on whose behalf another person brings goods into Delhi; or
  - (iii) in the case of a sale occurring in the circumstances referred to in sub-section 2 of section 6 of the Central Sales Tax Act, 1956, the person in Delhi to whom the goods are delivered
- 5. The application for registration under this Act should be filed within 30 days from the date of person becoming liable for payment of tax.
- 6. For **field 8**, if the business does not have a PAN, then please mark 'Applied for' or 'N/A' as applicable.
- 7. For **field 15**, please fill the description of top 5 items on the basis of value of goods sold.
- 8. In case any of these details change, the dealer is required to intimate the department of the amendments within **one month** of the change.
- 9. The form has to be filled and signed by the authorised signatory of the business.
- 10. Businesses with a turnover of more than Rs 5 crores are mandatorily required to file returns every month. Businesses with a turnover of less than Rs 5 crores are required to file returns every quarter. They may however, elect to file their returns every month.
- 11. Registration application should be verified and signed by the following:
  - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
  - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
  - (iii) in the case of a company or local authority, by the principle officer thereof;
  - (iv) in the case of a firm, by any partner thereof, not being a minor;
  - (v) in the case of any other association, by any member of the association or persons;
  - (vi) in the case of a trust, by the trustee or any trustee; and
  - (vii)in the case of any other person, by some person competent to act on his behalf.

#### Instructions for filling Registration Form (Annexures I, II and III)

- 1. In case of partnerships, Annexure I to be filled and signed by the managing partner plus top 4 other partners.
- 2. In case of companies, Annexure I to be filled and signed by the company secretary, the managing director and 3 other directors.
- 3. If required, make additional copies of the Annexures and attach with application form for registration (DVAT-04).
- 4. An amendment would be required each time a person changes (and not when the details of an existing person change)
- 5. In case of minors, the specimen signature of guardian/ trustee should be furnished.
- 6. In case of Annexure III, it is to be filled and signed by the person whose details are given in the Annexure.
- 7. Every sheet filled in the Annexures has to be signed by the same person (authorised signatory) who has signed the registration application.
- 8. In case any of the Annexures are not applicable, please strike off the same and write 'Not Applicable' on the said Annexure.

#### Method of Calculating Security Amount

ribed Security Amount (Rs)	1,00,000
ction sought (Maximum reduction available Rs. 50,000)	Rebate (Rs)
Proof of ownership of principle place of business	30,000
Proof of ownership of residential property by proprietor/ managing partner	20,000
Copy of passport of proprietor/ managing partner	10,000
Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department	10,000
Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)	10,000
Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)	5,000
	Proof of ownership of principle place of business  Proof of ownership of residential property by proprietor/ managing partner  Copy of passport of proprietor/ managing partner  Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department  Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)  Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the

# Form DVAT 04A

(See Rule 5A of the Delhi Value Added Tax Rules, 2005)

Application for Registration by a Casual Trader under Delhi Value Added Tax Act, 2004

1. Full Name of Applicant Dealer																	T		$\top$	
(For individuals, provide in order of first																	+	$\top$	+	1
name, middle name, surname)																<del>                                     </del>	+	+	+	+
									<u> </u>							<u> </u>				
2. Trade Name (if any)				1					1			T				T	$\top$	T	$\top$	_
																<u> </u>			Ш	
3. Constitution of Business																				
(Tick Mone as applicable)		priet		p	Ц		ivate			-		ш	Pul	olic S	ector	Und	lertal	king		
(TickE one as applicable)	<u>Pa</u>	rtner.	<u>ship</u>			G	overn	ment	Con	npany	7		Go	vernr	nent (	Corp	orati	on		
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Permanent Account Number of th	e ann	lican	t daal	lar (D	A NI)	•														
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	ration number under Central Excise Act (if applicable) ration number under prevailing Sales tax / VAT law of															-			$\vdash \vdash$	
	Registration number under prevailing Sales tax / VAT law where the principal place of business is situated (if application)																			
where the principal place of busing	ness 1	s situ	ated	(11 ap	plicat	ole)														
7. Principle Place of Business	Du	ildin	~ Nor	ma/N	lumbe															
7. Timespie Flace of Business	Du	nuni	g Ivai	IIC/ IV	unnoc	.1												-		
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8. Address in Delhi		ıldınş ea/ R		ne/ N	lumbe	r													$\vdash$	
(If different from principal place of business)		cality		rket																
	Pin Code																	<u> </u>	<u> </u>	<u> </u>
	Email Id Telephone Number																			
				umbe	er															
	Fax Number																		<u> </u>	<u> </u>
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9. Description of top 3 items you			2																	
deal in (In order of volume of sales	deal in (In order of volume of sales for the tax 3																			
period 1-highest valume to 3-lowest	neriod 1-highest volume to 3-lowest volume)																			

10. If you have been granted registration in Delhi, under this Act, as									-	Not Applicable (registration number)																	
casual trader or otherwise at anytime prior to filing this application,										(registration number)																	
please provide re	please provide registration number for the last such registration									ion																	
granted to you and year in which it was granted																											
g , e , e																											
11. Period for which	Fron	n			/				/				T	0					/				Т	/			
registration		mm					dd				уу	yy Mm								d	ld				Y	у	
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required																											
12. Estimated Turnover of sales during the period for Turnove								er o	er of Sales (Rs.)							Output Tax (Rs.)											
which registration is so																											
(i) Goods taxable at 1						-																	_	₩			
	) Goods taxable at 12.5%																						-	╁			
(iv) Goods taxable at 20%																							1				
Total																											
									T	Т	П				_				1	1	Т			$\overline{}$	1	-	
Name of Manager										_																	
First Name											Middle Name Surname																
Γ																											
13. Verification																											
I/We true and correct to the b	agt of max	/ave 1		daaa	nd b	alia	here	eby:	sole	mn!	ly a	ffiri	n an	ıd d	ecla	re t	hat	the:	info	rmat	tion	giv	en l	here	inal	ov	e is
true and correct to the t	est of my	/Oui K	anowic	uge a	iiiu o	CHE	ı anc	1110	umm	ıg II	as t	een	COI	icea	icu	uici	CII	<i>)</i> 111.									
Signature of Authorised	Signator	У		_																							
Full Name (first name middle summane)																											
Full Name (first name, middle, surname)																											
Designation																											
Place																											
Date					Ţ	T																					
Day	Mo	nth			Year																						

## Form DVAT 04A: Annexure I

# Particulars of the authorised signatory

Full Name of Applicant Dealer     (For individuals, provide in order of first name, middle name, surname)  2. Name of Authorised Signatory     (Provide in order of first name, middle name, surname)																				
3. Date of birth /		/ 4. Gender (tick Ø one)											l F	emal	e					
5. Father's / Husband's name	' 								1					- I			· · ·		<u> </u>	
3. Pather 5/ Husband 5 hame	First Name							N	/liddle	e Nar	ne		Surname							
6. PAN :								7.	Pass	port l	No.									
8. E-mail address																				
	ll_																			
9. Address in Delhi	Building Name/ Number Area/ Road Locality/ Market Pin Code							1												
(If different from principle place of																				
business)																				
														!	I					<u> </u>
	Telephone Number																			
	Fax	Nur	nber																	
10. Permanent Address	Building Name/ Number Area/ Road							<u> </u>												
(If different from residential address)				ulrat				-												
	Loca Pin (			iket			-	-												<u> </u>
		Telephone Number																		
	Fax Number																			

11. Declaration  I/We hereby solemnly affirm and declare that the person named above is authorised to act as an authorised signatory for the above referred business for which application for registration is being filed/ is registered under the Delhi Value Added Tax Act, 2004. All his actions in relation to this business will be binding on us.
S.No. Full Name (First name, Middle Name, Surname) Designation Signature
12. Acceptance as an authorised signatory  I hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.
Signature of Authorised Signatory  Full Name (first name, middle, surname)  Designation
Place
Date Day Month Year

Instructions for filling Registration Form (DVAT-04A) (For details refer to Section 16A and Rule 5A)

- 1. Please fill in all the details in CAPITAL letters.
- 2. The form has to be filled and signed by the authorised signatory of the business.
- 3. Registration application should be verified and signed by the following:
  - in the case of an individual, by the individual himself, and where the individual is absent from India, either by the
    individual or by some person duly authorised by him in this behalf and where the individual is mentally
    incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
  - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
  - (iii) in the case of a company or local authority, by the principle officer thereof;
  - (iv) in the case of a firm, by any partner thereof, not being a minor;
  - (v) in the case of any other association, by any member of the association or persons;
  - (vi) in the case of a trust, by the trustee or any trustee; and
  - (vii) in the case of any other person, by some person competent to act on his behalf.
- 4. Every sheet filled in the Annexure has to be signed by the same person (authorised signatory) who has signed the registration application.