#### Department of Value Added Tax Government of NCT of Delhi

## Form DVAT 07 - Cover Page

(See Rule 15 of the Delhi Value Added Tax Rules, 2005)

Application for Amendment in Particulars subsequent to Registration under Delhi Value Added Tax Act, 2004

Checklist of Supporting Documents

Plea	ise tick as applicable
Mai	ndatory Supporting Documents
۵	Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same )
۵	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)
۵	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)
Rea	asons for Rejection (For Office Use Only)
	Please tick as applicable
	□ Not attached Mandatory Supporting Document(s)
	□ Other

## Form DVAT 07

(See Rule 15 of the Delhi Value Added Tax Rules, 2005)

Application for Amendment(s) in Particulars subsequent to Registration under Delhi Value Added Tax Act, 2004

. Registra	ation No		T																			
									ı	ı						ı						1
. Full Nar	ne of Dealer																					
	uals, provide in ord e name, surname)	der of fi	rst																			
іте, тіаші	e name, surname)																					
E. Amendo Please put equired) Field Ref.	ment summary field reference is  Date (mm/dd/yy)		'i' am	endm	ents o	are so	ough	t, dat	l e of a	mend		and i		n for	amer	dmer	nt(s).	attac	h ada	lition	al sh	eets if
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. Full Naı	me of Applicant l	Dealer		e to l	oe an	nende	ed. A	ll oth	er fie	elds s	hould	l be l	eft bl	lank	or sti	uck	out)					
. Full Nai		Dealer		re to l	e an	nende	ed. A	ll oth	er fie	elds s	hould	d be l	eft bl	lank	or str	uck o	out)					
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71 0	Partners.  HUF  Others, p  Tick ☑ one	hip	Mai	Gov Pub ndato	vate Ltd. vernmen blic Ltd.	t Cor	npan			Go	vern	men eptt/	t Co	rpora		Trust	t
5A. Opting for composition scheme u	nder section	16(2) of	the Ac	et?	Tick l	Ø one	e			Ye	S				No		
6. Annual Turnover Category	Tick ☑ one		Le	ss tha	an Rs. 5	lacs				Rs	. 5 la	ics o	r abo	ve			
(a) Turnover in preceding fina (b) Expected turnover in the co	-	ial year			Rs.												
7. Date from which liable for registr	ation under	Delhi Val	ue Ado	ded T	ax Act,	2004				Day		<u>/</u>	Mo	nth_	<u>/</u>	Ye	ear_
															]		
8. Permanent Account Number of the																	
9. Registration number under Centra	il Excise Ac	t (if applic	cable)													]	
10. Principle Place of Business	Building	Name/ Nu	umber														
	Area/ Ro Locality/ Pin Code Email Id Telephor	Market	r	-													
	Fax Num	ber															
11. Address for service of notice (If different from principle place of business)	Building Area/ Ro Locality/ Pin Code Email Id	Market	umber														
	Telephor	e Number	r	-													
12. Number of additional places of bu (also please complete Annexure II)			de the s	state				Fa Sh	ctory op	n / Wa			ness				
			_					1							Т		
13. Details of main Bank Account	MIC Nan	ount Num CR Number ne of Bank ress of Ba	er k														
	L			1									,				
14. Details of investment in the busine (details should be current as on date o application)		Own Ca Loans f Other lo Plant & Land &	from B oans ar Mach	nd bo	orrowing	S	(Rs.) (Rs.) (Rs.) (Rs.) (Rs.)	)									
					estments	(.	(Rs.)	,							$\bot$		

15. Description of top 5 items you deal of	or propose to deal in			Г	Description of	of items			
(1-highest volume to 5-lowest volume)		1							
		2							
		3							
		4							
		5							
16. Accounting Basis		Tick⊠	one		Accrual		☐ Cas	h	
17. Frequency of filing of returns (to be than Rs. 5 crores in the preceeding		er whose turne ☑ if applicable		s 🗖	Monthly		☐ Qua	arterly	
18. Security (for modification, please complete	(a) Amount (b) Type of	_		Rs.					I
Annexure IV)	(c) Date of e	expiry of Secu	rity		Day	/ Month	/	Year	I
19. Number of persons having interest in (also please complete Annexure I)	n business								Ι
20. Name of Manager	First Name		Mide	lle Name		S	Surname		
21. Name of Authorised Signatory*  * Please complete Annexure III	First Name		Mide	lle Name		S	Surname		
* Please complete Annexure III									
22. Verification I/We_ true and correct to the best of my/our knew	h howledge and belief	ereby solemn and nothing h	ly affirm a	nd declare	e that the interefrom.	formation g	tiven herei	nabove is	S
Signature of Authorised Signatory Full Name								_	
Designation									
Place	<del>                                     </del>	<del>                                     </del>		1 1				<del>                                      </del>	T
				1		1 1	1	<u>                                       </u>	
Date Day Month	Year								

#### Department of Value Added Tax Government of NCT of Delhi

## Form DVAT 07: Annexure I

Pass

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

Nature of change (tick ☑ as applicabl	e)		Addit	ion			<b>1</b>	Deleti	on		[	<b>.</b>	Amei	ndme	ent				
Date of change (mm/dd/yy)																			
<ul> <li>In case of amendments of existing fields should be left blank or struction.</li> <li>In case of deletion of a person, place in case of addition of a new person.</li> </ul>	ek out. ease fill in 1	Fiela	ls 1, 2 d	& 3 only	,	2 & 3	and	thered	after d	only th	hose	fields	s that	are	to be	e ame	ende	d. All	other
Full Name of Applicant Dealer     (For individuals, provide in order of first name, middle name, surname)																			
2. Registration No*.										I						T		$\neg$	
*This field is applicable when applying for a	mendment o	f regi	stration	in Form	DVAT	07										1			
3. Full Name of Person (Provide in order of first name, middle name, surname)		, , , ,																	
4. Date of birth /	/				5	5. Gei	nder (	tick 🗷	Tone)		N	lale			<b>)</b> F	Fema	le		
4. Date of birth / 6. Father's / Husband's name	/				5						N	Iale				Fema	le		
	/	First	Name		5			tick 🗹			M	lale	S	Surna		<sup>7</sup> ema	le		
	/ _	First	Name		5	l N	 1iddle		ne		M	Iale	S			Fema	le		
6. Father's / Husband's name 7. PAN:	/ _	First	Name		5	l N	 1iddle	e Nam	ne		M	Iale	S			Fema	le		
6. Father's / Husband's name	/ _	First	Name		5	l N	 1iddle	e Nam	ne			Iale	S			ema	le		 
6. Father's / Husband's name 7. PAN:	Building Area/ Roi Locality/ Pin Code Telephon Fax Num	Nam ad Marl	ne/ Num	aber	55	l N	 1iddle	e Nam	ne		M	lale	S			Sema	le		

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	S
true and corre	ect to the	best (	of my/c	our kno	wled	ge an	d be													J					
Signature of	Authorise	d Sig	natory			_																	_		
Full Name (	first name	e, mic	ldle, su	ırname,	)	_																			
Designation																									
																							_		
Place																									
Date		/		/																					
	Day		Mont	th		Y	ear																		

## Form DVAT 07: Annexure II

Details of additions / closure / amendment in particulars of additional places of business (Please complete all details in full for all cases of additions, closures, amendments in particulars)

Full Name of Applicant Dealer																			
(For individuals, provide in order of first																	+	+	1
name, middle name, surname)					<u> </u>				1				-				-		$\dashv$
																		Ш.	╝
2. Registration No.																			
*This field is applicable when applying for a	imendment	of reg	istrat	ion in	Form	DVA	07												_
3. Details of Additional Places of Busin	ness			(attaci	h addi	tional	sheet	s if re	quire	d)									
Type Godown / Warehous	e		Fac	ctory			[	_	Shop					Oth	er pla	ice o	f busi	ness	
Nature of change (tick ☑ as applicab	Closure														endm				
Date of change (mm/dd/yy)																			
Address	Buildin		ne/ N	lumbe	er												ļ		
	Area/ R																<u> </u>	<u> </u>	
	Locality		rket																
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	Date 01	CStab	1151111	iciit		D	av	1	Mo	onth	1		Y	ear	1				
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Type			_				Г		~1				_	0.1			01		
Nature of change (tick ☑ as applicab			Fac	ctory			Ļ		Shop					Oth	er pla	ice o	f busi	ness	
- 11	10)		Clo	sure			Į		Addi	tion				Am	endm	ent			
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(if place of l							1		<b>!</b>		1	<u> </u>	1	<b>!</b>	<b>!</b>	<u> </u>			Щ
.51																			

Type Godown / Warehouse		Factory			Shop			Oth	er pla	ice of	busi	ness		
Nature of change (tick   as applicable)	e) 🔲	Closure			Addition	1		Am	endm	ent				
Date of change (mm/dd/yy)														
Address	Building Nan	ne/ Number												
	Area/ Road													
	Locality/ Mar	rket												
	Pin Code													
	Email Id													
	Telephone N	umber												
	Fax Number													
	Date of estab	lishment		/		/								
			Day		Month	1	,	<i>l</i> ear						
State local sales tax/V														
(if place of b	usiness is situate	d outside Delhi)												
Type														
Neture of change (field 70 campling blo)														
• ,	.e)	Closure			Addition	1		Am	endm	ent				
Date of change (mm/dd/yy)								1						
Address	Building Nan	ne/ Number												
	Area/ Road							-						
	Locality/ Mar	rket			+									
	Pin Code							1						
	Email Id				+									
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a	. migam		Day		Month	l		/ear						
State local sales tax/V	AT/CST regist	tration number												
(if place of t	usiness is situate	a outsiae Deini)												
4. Verification														
I/We		hereby sole	emnly a	ffirm a	and declar	e that th	he inform	nation	given	here	einab	ove is	S	
true and correct to the best of my/our ki	nowledge and b	elief and nothir	ng has b	een co	ncealed t	herefro	m.							
Signature of Authorised Signatory														
Full Name (first name, middle, surnan	ıe)													
Designation														
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Place				L_							<u> </u>	1	<u> </u>	
Date /	/													
Day Month	Year													

# Form DVAT 07: Annexure III

## Addition / Deletions / Amendments in Particulars of the authorised signatory

Nature of change (tick ☑ as applicable	le)		Ad	dition	<u> </u>			<b>1</b>	Delet	ion		[		Amer	ndme	ent			
Date of change (mm/dd/yy)																			J
<ul> <li>(In case of amendments of existing other fields should be left blank of the case of addition of a new personal content of the case of addition of a new personal content of the case of addition of a new personal content of the case of addition of a new personal content of the case of addition of a new personal content of the case of addition of a new personal content of the case of amendments of existing other case of addition of a new personal content of the case of the ca</li></ul>	r struck	out.						3 and	ther	eafter	only	those	? field	ds tha	t are	to be	e ame	nded	l. Al
Full Name of Applicant Dealer  Consideration of Application of App																			
(For individuals, provide in order of first name, middle name, surname)																			
Registration No.  *This field is applicable when applying for a	amendmer	nt of rec	ristrat	tion in	Form	DV4	T 07										L		]
Name of Authorised Signatory	menumen	11 0, 108	1311411	1011 111	1.01	<i>D</i> ,	T	I	I	<del>                                     </del>	,			T		1		T	7
(Provide in order of first name, middle name, surname)																			
4. Date of birth /			<u> </u>		<u></u>	<u> </u>	5 Gay	-dor	Cial I	one)			<u></u>				<u></u>	<u> </u>	<u> </u> 
4. Date of onth						•	). UCI	luci (	пск ம	u onej		M	1ale			F	emale	<u>,                                      </u>	
6. Father's / Husband's name		Firs	st Nar	ne			N	1iddl	e Nar	ne				S	Surna	me			
7. PAN :							8.	Pass	port l	No.		工							
9. E-mail address																			_
10. Residential Address	Buildin Area/ l	_	ne/ N	lumbe	r	F				$\Box$	$\exists$	4	$\exists$		4	_	耳	_	
(If different from principle place of business)	Localit Pin Co	ty/ Ma	rket								$\dashv$								_
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11. Permanent Address (If different from residential address)	Buildin Area/ l	_	ne/ N	lumbe	r						<u></u>	4	$\exists$		4		=		_
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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 refer	red business for which application for registration is being filed/ is
registered under the Act. All his actions in relation to this busin	ness will be binding on us.
registered under the Act. All his actions in relation to this busin S.No. Full Name (First name, Middle Name, Surname) Designation Signature	ness will be binding on us.
13. 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	ess.
Signature of Authorised Signatory	
Full Name (first name, middle, surname)	
Designation	
Dlogo I I I I I I I I	
Place	
Date	
Day Month Year	

## Form DVAT 07: Annexure IV

#### Calculation of Modified Security

A. Pre	escribed Sec	urity	Am	ount																	(1	Rs)	)					1,0	00,000
B. Rec	duction sous	ght (I	Maxi	mum	reduc	tion	avai	ilabl	le R	s. 5	0,00	00)								Ti	ck						F	Rebat	e (Rs)
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1	Proof of o	wner	ship	of prin	ciple	place	e of l	busi	nes	S																		3	80,000
2	Proof of o	wner	ship	of resi	dentia	l pro	pert	y by	pro	prie	etor/	/ ma	nagi	ing p	artn	er												2	20,000
3	Copy of p	asspo	ort of	propri	etor/ 1	mana	aging	g pai	rtne	r																		1	0,000
4	Tax Department																				1	0,000							
5	address specified as the main place of business in the registration form)																1	0,000											
6	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							
C. Tot	tal Reductio	ns A	llow	ed	T)	otal	of B	31 to	B6	s as	app	lica	ble,	sub	ject	to n	naxi	imu	m o	f Rs.	50,0	00)	)						
	curity to be																				(A-C	()							
	urity alread	-						late																					
F. Add	ditional secu	ırity	(if a	ny) to	be fur	nish	ied														(D-	E)							
G. Ad	ditional Secu	ırity					(a	) Ar	nou	nt o	f Se	curi	ty			F	Rs.												
							(b	) Ty	/pe	of S	ecui	rity																	
							(c	) Da	ate o	of ex	piry	y of	Seci	urity							/				/				
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Signat	cation  nd correct to  ture of Author  ame (first r	orised	l Sig	natory			dge a	and	beli													orm	natio	on g	iven	here	inabo	ove is	
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**Instructions** for filling Form DVAT 07: (For details please refer to Section 21 and Rule 15)

- 1. Please remember to fill in your registration number at all places provided
- 2. Please note that the following supporting documents, if applicable, have to be submitted along with the amendment application:
  - (i) Proof of change in the name of the business.
  - (ii) Proof of change in the principal/ other places of business.
  - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
  - (iv) Proof of change in constitution of the business.
- 3. Please note that this form has to 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 principal 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 an other person, by some person competent to act on his behalf.
- 4. In case any Annexure is not applicable, please strike off the same and write 'Not Applicable' on the face of the said Annexure.