Fee Rs. 100/		Sr. No.
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APPLICATION FORM FOR GRANT OF FRESH CERTIFICATE OF REGISTRATION AND ALLOTMENT OF TAXPAYER IDENTIFICATION NUMBER (TIN)

(Please read the instructions carefully before filling the application form)

INSTRUCTIONS

- 1. The application form must be filled in **English bold** letters and numerals.
- 2. Application for TIN will not be accepted if the same is not complete in all respects.
- 3. A black ball point pen should be used to fill in the form.
- 4. No field should be left blank. If the field is not applicable dealer should write N. A.
- 5. Wherever boxes are provided, only one letter should be written in each box, one box should be left blank between two words.
- 6. Wherever the space provided for a particular field is not sufficient, the dealer should photocopy the relevant page, fill-in the required information and attach along with the application.
- 7. In the commodities fields (Sr. no. 9 and 10), the dealer must write the name of the top 5 commodities dealt in. The description of the commodities should be specific and not of general nature. However, in case of departmental stores / kirana merchants / general stores etc., the dealer should write 'FMCG' / 'Kirana'.
- 8. In serial no 12, 13 and 14, series number of declarations must be written. This number is written before the serial number. For example in declaration form number MAH/01/1656543, the series number is MAH01 and serial number is 1656543. Please do not write the symbol slash [/] while filling up the items 12,13 and 14.
- 9. In case the dealer is holding more than one R.C., then for his additional place (s) of business, he has to apply for TIN to the officer in charge of principal place of business. He must submit all the original RCs including RCs for additional place (s) of business to that officer. The dealer will be issued a unique TIN for all place (s) of business in Maharashtra.
- 10. In case of dealer holding the certificate of entitlement for his backward area unit & also holding R.C. for non-backward area unit, the application for TIN must be submitted at the office in-charge of principal place of business. The certificate of entitlement should not be surrendered, along with the application of TIN.
- 11. All the original Registration Certificates under the MVAT Act and the CST Act must be submitted along with the application.
- 12. Unutilized statutory declarations / certificates under the C.S.T. Act must be surrendered along with the application.

Acknowledgement

Received an application from the applicant mentioned below for allotment of TIN under section 17(2) of the Maharashtra Value Added Tax Act, 2002.

Serial No in the register		
Name of the Dealer		
MVAT RC No.		
Date of receipt of application		
	Signature	_
Receiving Officer's	Name	_
	Designation & Stamp	
	Telephone No.	_
	1 -	

Sr	No.	
	441.	

FORM - 108

(See rule 8A)

Application for grant of Fresh Registration Certificate and allotment of Taxpayers Identification Number (TIN) under section 17(2) of The Maharashtra Value Added Tax Act, 2002

						(No s	lash c	r das	h to b	e wri	tten)		
To			M	VAT R	.C. No								
			C.	S.T. R.	C. No.								
	Date of eff	ect of CS	T RC (DI	D/MM/Y	YYYY)								
				P.T. R.	C. No.							A	
	_		Luxury	Tax R.	C. No.								
	Sus	gar Cane	-							4	4		
	_	of Goods i											
	· · · · · · · · · · · · · · · · · · ·	come Ta											
		Number							7				7
I hereby apply for grant of Added Tax Act, 2002. 1. Name of the Business (,	he M	Iahar	asht	ra Va	alue
				A									
					1								
2. Full address of the prince Bldg. Name/ Office No./I													
Area Name etc													
Street Name etc.													
Village/ Town/ City													
Гaluka													
District													
Pincode													
3. Contact details (with ST	D code)						T	T			1	1	Ī
Telephone (Office) No. 1							1						
Telephone (Office) No. 2							1						
Telephone (Residence)	1								1	1			
IC NT				1									
Fax No													
Mobile No. 1													
Mobile No. 1 Mobile No. 2													
Mobile No. 1													

4) Full address of the additional place(s) of business / Godown(s) / Warehouse(s) in Maharashtra (If space is insufficient please take photocopy of this page and attach)

a) First additional place of business

Building Name /Office No./Flat											
No.											
Area Name etc											
									d	4	
Street Name etc.									d		
								A			
Village/ Town/ City											
Taluka							4			A	
District							A STATE OF THE STA				7
PIN Code								X	<i>p</i> ′		
VAT R.C. No (if any)						4	4	1			
R.C. No under other Act(s) (if any))					1		1	P		

b) Second additional place of business

Building Name /Office No./Flat					#					
No.										
Area Name etc				M						
				7						
Street Name etc.		A								
				1						
Village/ Town/ City		T\								
Taluka		1	*							
District										
PIN Code	1									
VAT R.C. No (if any)		•	, and the second	, and the second			·			Ü
R.C. No under other Act(s) (if any	<i>'</i>)									

c) Third additional place of business

Building Name /Office No./Flat									
No.									
Area Name etc									
Street Name etc.									
Village/ Town/ City									
Taluka									
District									
PIN Code									
VAT R.C. No (if any)									
R.C. No under other Act(s) (if any	7)								

5) Constitution	(Please (√) tick the appro	priate bo	x)			
Proprietor		Partnership		Private Ca			Public Ltd. Co.
HUF		Cooperative Society		Public	Trust		Others (please specify)
6) Principal na	ture of bu	siness (Please (√) the mos	t approp	riate box only	')	
Manufacture	er 🗌	Importer		Reselle	r 🗌		er(Please pecify)
7) Nature of bu	ısiness (F	Please (√) tick the	e appropi	riate box	(es))		
Manufacturer		Wholesaler [Retail	er 🗌	Importer		Exporter
Works Contractor		Restaurant [Leasir	ıg 🗌	Commission Agent		Others (Please specify)
		mposition schem eligibility & deta				propri	ate box(es)) (Please refer
Retailer		Restaurant/ Caterer		Bake	ry 🗆		Second Hand Car Dealer
9) Main comm	odities sol	d		0			
Sr. No. Na	me of the	commodity		Scl	nedule Entry		HSN classification (To be filled by the departmental authorities)
1 2			7				
3							
4							
5							
10) Main comn	nodities p	urchased					
Sr. No. Na	me of the	commodity		Scl	nedule Entry		HSN classification (To be filled by the
1							departmental authorities)
2							
3							
4							
5							

11) Address(s) in other state(s) and corresponding TIN under C.S.T. Act (If space is insufficient please take photocopy of this page and attach)

a) Address in first State Bldg Name /Office No./Flat No Area Name etc Street Name etc. City State Pincode Corresponding CST RC / TIN b) Address in Second State Bldg Name /Office No./Flat No Area Name etc Street Name etc. City State Pincode Corresponding CST RC / TIN c) Address in Third State Bldg Name /Office No./Flat No Area Name etc Street Name etc. City State Pincode Corresponding CST RC / TIN d) Address in Fourth State Bldg Name /Office No./Flat No Area Name etc Street Name etc. City State Pincode Corresponding CST RC / TIN 12) Details of declarations under CST Act, last issued by the department to the dealer

(If space is insufficient please take photocopy of this page and attach)

Declaration Type	Se	ries	No		Serial No.													Total	Total	Balance No. of		
J J.			1,0	•																No's.	No's	forms
					Fro	om							To	1						issued	utilised	surrendered
																	A		A			
															A							

13) Details of unused declarations under CST Act, surrendered (if necessary, separate sheet may be attached)

Declaration Type	Sei	ries N	No.								Seria	l No.	•				Total No. of forms surrendered
						Fro	m		M			To					
								1									
					K												
			A														
				X													

14) <u>Utilization details of Statutory Declarations under CST Act.</u> (Details to be given in respect of forms last issued by the department)

(If space is insufficient please take photocopy of this page and attach)

	1	T	1				T	1		T	
Sr.	Type of		Series no				Name of the	CST RC / CST	Description of	Total	Total Value
No.	Declaration / Certificate	year for	of the		tion / Certi	ficate	Selling Dealer /	TIN of the	the goods	number of	of goods for
	/ Certificate	year for which	declaration	'			Branch / Agent	selling dealer /	covered by the	invoices	of goods for all invoices
		declaration	Certificate					Branch	covered by the declaration	covered	covered by
		is used						Agent		by the	the
		15 0500						1180111		declaratio	
									y	n	(Rs.)
1	2	3	4		5		6	7	8	9	10
1	<u> </u>	3	'*		<u>5</u>		0	Y	0	9	10
								,			
			A 1								

15) Tax Payment history of last three years (Amount in Rs.)

																	1 7					-									
Act	Details of				20	02-0	3										200	ear				1					2004	1_05	:		
			1		20	02-0	<u>J</u>		1	ı	1		T	_	_		200	J-0	-	1	+			-4		1	200-	1-03	<u>'</u>	 	
BST	Turnover of sales																						K								
	Tax Paid																					7									
	Refund																					9									
CST	Turnover of sales																														
	Tax Paid																	7													
	Refund															1		P													
WCT	Turnover of sales													of Ellow																	
	Tax Paid												A STATE OF THE PARTY OF THE PAR				Sept.														
	Refund												V																		
Lease Tax	Turnover of sales											1																			
	Tax Paid									4			\	4																	
	Refund												· Aller																		
Luxury	Turnover of sales									1																					
Tax	Tax Paid							A																							
	Refund									No.																					
Motor	Turnover																														
Spirit Tax	Tax Paid																														
	Refund					T.																									
Entry Tax	Turnover of sales				1	4	7																								
on goods	Tax Paid																														
	Refund	9	A	¥																											
SCPT	Turnover of			(A)	STATE OF THE PARTY																										
	purchases			4																											
	Tax Paid			4																											
	Refund		p																												

16) Details of Proprietor / Partner/ Director/ Members of Managing Committee/ all persons having any interest in the business (including the members of Hindu Undivided Family Business). Not to be filled in if the applicant is a Department of Government. (If space is insufficient please take photocopy of this page and attach)

	aı	na ai	llac	11)																				
Sr.																						Name and RC	IT PAN	Professio
No.																						Nos. of all other		n Tax EC
		Partn																	businesses within		No.			
	M	lemb	ers	of l	Man	aging													the State, in which					
	Committee/ all persons					ersons	Permanent Residential Address												the person has any					
	having any interest in				tere	st in													share or interest					
	the business. Please				Plea	ise																		
	include father's name																							
	and surname																							
							Building Name /Office																	
							No./Flat No.												1		,			
							Area Name etc																	
							Area Name etc																	
							Charact Name and								4000									
							Street Name etc.	1																
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							Village/ Town/ City						40000	7 4		1								
							Taluka																	
							District																	
							PIN Code																	
							Building Name /Office					4												
							No./Flat No.				1													
							Area Name etc		A	N.			,											
									,	4														
							Street Name etc.																	
							Village/ Town/ City		1	No.														
							Taluka		7															
							District																	
							PIN Code																	
							Building Name /Office																	
							No./Flat No.																	
							Area Name etc																	
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17) Detai	ils of Bank Account (s)																								
1.	Name of the Bank																				Ι				
	Branch																								
	Account Number																								
2.	Name of the Bank																								
	Branch																								
	Account Number																	1							
3.	Name of the Bank			+															-		-				
3.	Branch		-																 						
	Account Number																				-				
10) 11	• 1	9 /DI		٠.	1 (.1	\ 41			•						,										
18) V	hether the records are	comp	outer	ızea	(PI	lease	e tic	K(V) tn	e ap	pro	prı	ate	DOX	()		A								
Y	Yes													Partially											
19. Deta	ils of Entitlement Ce	rtifica	ates	und	er P	ack	age	Sc	- her	ne o	of In	ıce	ntiv	es	A		4			9					
Sr.	EC No							nem					Mod		- 4		Loc	atic	on o	f U	nit				
No.													(Deferral /												
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<u> </u>							P			A. Control	7														
Place –		Seal the fi					,			N		0	a:			C	1								
							Name & Signature of applicant, Status and authority thereof																		
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Serial	No of receipt register																								
Date of	f Application																								
Applic (signat	ation accepted by ure)																								
Name	and designation																								
Value 2000 2	ation Verified by																								
	and designation																								
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	and designation																								
Details	of TIN	Issi	ie da	te -																					