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07. Name and address of the Proprietor/Managing Partner/Karta/Managing Director as per Annexure-I. of the business

08. Additional places of business/warehouse/godown inside the State (As per Annexure-II).

09. Complete list of Godown (As per Annexure-II).

10. Complete address of the Head Office, if situated outside Assam (As per Annexure-II).

11. Full address of manufacturing or processing units, if any (As per Annexure-II).

12. Name of goods purchased for use as raw-materials in manufacturing or processing from places out-side Assam.

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13. Date of Commencement of business

D	D	-	M	M	-	Y	Y	Y	Y

14. Date of commencement of production of Manufactured/processed goods.

D	D	-	M	M	-	Y	Y	Y	Y

15. Date of liability.

D	D	-	M	M	-	Y	Y	Y	Y

16. Actual turnover of the year upto the date of submission of the application (with details of each category):

17. The estimated turnover for the year in which the application is submitted (furnish details, if any):

18. No. and date of license etc., if any:

(a) under the Shops & Establishment Act:	
(b) under the Essential Commodities Act:	
(c) issued by the Industries Department:	
(d) issued by the Municipal Authority:	
(e) under the Companies Act:	
(f) any other.	

19. Registration No. under the CST Act, if any.

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20. Registration No. under the Central Excise Act, if any.

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21. Income Tax Permanent Account No. (PAN), if any.

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22. Details of Bank Account(s).

Name of Bank with address	Type of account	Account number

23. Details of immovable properties owned wholly or partly by the business.

Sl. No.	Description or property	Address where property is situated	Approximate value	Share percentage

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24. The language in which the accounts are maintained:
25. The accounting year followed by the dealer:
26. Complete address of the place where books of accounts are kept:
27. Do you use a computer for accounting? (Yes/No)

DECLARATION

(i) I/We do hereby undertake to pay the tax and file the return in the prescribed form in accordance with the provisions of the Assam Value Added Tax Rules, 2005 pertaining to the entire business conducted at my/our various places of business in accordance with the provisions of the Act and the rules made thereunder.

(ii) That a sign board in the name of my/our business has already been displayed at all the said business premises.

(iii) That the books of accounts in respect of the said business are being maintained and shall be found at the said business premises.

I/We _____ do hereby solemnly affirm and declare that above provided information is true and correct to the best of my/our knowledge and belief and that the undertaking given by me/us shall be maintained by me/us so long as the registration of the said business under the Assam Value Added Tax Act, 2003, remains in force or till the liability under that Act is discharged.

Place

Signature

Status

Date

Name in CAPITALS

Enclosures to be annexed to the application for registration, wherever applicable.

1. Rent agreement.
2. Deed of Partnership (copy)
3. Article of Association & Memorandum.
4. Municipal trade licence. (copy)
5. PAN (copy)
6. Bank account (zerox copy of pass book/cheque book)

Annexure-I
(To be attached with Form-2)

INFORMATION ABOUT PROPRIETOR, EACH PARTNER (IN CASE OF PARTNERSHIP BUSINESS)/DIRECTOR (IN CASE OF SEPARATELY AND KARTA OF HUF.

1. Full Name in capitals :
2. Fathers Name in capitals :
3. Status :
4. Extent of interest in business :
5. Permanent address :

Building name/No.																			
Area/Road																			
Locality/Market																			
Pin Code																			
E-mail ID																			
Telephone No.																			
Fax Number																			

6. Residential address :

Building name/No.																			
Area/Road																			
Locality/Market																			
Pin Code																			
E-mail ID																			
Telephone No.																			
Fax Number																			

7. Details of all immovable properties owned :

Sl. No.	Full address where property is attached	Approximate value	Extent of share

8. Particulars of other business(es) in which the person has interest.

Sl. No.	Name of business	Address	Extent of share

9. Photo(s) with Name(s) and Signature(s) of each Proprietor/Partner/Person having an interest in the business.

Name	Name	Name
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(Self signed photograph of stamp size)	(Self signed photograph of stamp size)	(Self signed photograph of stamp size)
Name	Name	Name
(Self signed photograph of stamp size)	(Self signed photograph of stamp size)	(Self signed photograph of stamp size)

VERIFICATION

The above details are true and complete to the best of my knowledge and belief and nothing has been concealed therein.

Place :
Date :

Signature of the person concerned.

Annexure-II
(To be attached with Form-2)

1. Details of additional places of business (for each place).

Building name/No.																		
Area/Road																		
Locality/Market																		
Pin Code																		
E-mail ID																		
Telephone No.																		
Fax Number																		

2. Details of godown/warehouse (for each place).

Building name/No.																		
Area/Road																		
Locality/Market																		
Pin Code																		
E-mail ID																		
Telephone No.																		
Fax Number																		

3. Complete address of the head office, if situated outside Assam.

Building name/No.																		
Area/Road																		
Locality/Market																		
Pin Code																		
E-mail ID																		
Telephone No.																		
Fax Number																		

4. Full address of manufacturing/processing units, if any.

Building name/No.																		
Area/Road																		
Locality/Market																		
Pin Code																		
E-mail ID																		
Telephone No.																		
Fax Number																		

VERIFICATION

The above details are true and complete to the best of my knowledge and belief and nothing has been concealed therein. I further declare that I shall inform the Department whenever there is a change in the information provided in this annexure.

Place :
Date :

Signature :
Full name :
Status :

FOR OFFICE USE ONLY

1	Date of receipt of application:	
2	Effective date of registration:	
3	Date of certification by Prescribed Authority	
4	Date of refusal of registration by Prescribed Authority	
5	Tax Payer Identification Number (TIN)	