APPLICATION FOR VAT REGISTRATION

[See Rule 4 (1)]

Submit in duplicate

Use separate sheet where space is not sufficient.

То
The Commercial Tax Officer,
VAT Registering Authority,
Circle.

FORM VAT 100

Affix Passport Size
Photo of
Sole Proprietor.
In case Partnership
firm/Companies/others
Affix photos of
responsible persons
on VAT 100B

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:		
	Email:	Website/URL:		

03. Occupancy Status: Owned/Rented/Leased/Rent-free/Others

04. Name & Address of the Owner of business (Residential Address of the Person responsible ie., Manag Partner/Managing Director for business).	Name: Date of Birth: Door No. ing Locality District Phone No Email:	Street Town/City Pin Code Fax No.			
05. Status of business: (Mark " ✓ "					
	• ==	rivate Limited Co., thers (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 100A				
11. Particulars of owner/Partners/Directors etc.,: Use Form VAT 100B				
12. Language in which books are written:				
13. Are your accounts computerized: Y	ES [NO	
14. Date of first taxable sale Date		Month		Year
15. Turnovers of taxable sales of goods including zero	o rate in	:		
a) The last 3 months: Rs.				
b) The last 12 months: Rs.				
16. Anticipated turnovers of taxable sales of goods including zero rate in: a) The next 3 months Rs. b) The next 12 months Rs.				
17. Anticipated Turnover of exempted sales of goods and transactions in the next 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: Have you applied for CST Registration	YES		NO)
21. Registration Number (if any Under Profession Tax	x Act:)			
22. Do you expect your input tax to regularly exceed your output tax? If yes Why?	YES		NO)
23. Are you applying for registration in response to a notice by the Tax Officer? If yes, indicate the Notice number.	YES		NO	
24. Any other relevant information like are you availing	ng Tax	incentive	s?If so v	write details.
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Declaration:				
IS/o		Stat		
of the above enterprise hereby declare that the particulars given are correct and true to the best of my knowledge and belief. I undertake to notify immediately to the registering authority in the Commercial				

Taxes Department of change in any of the above particulars.

Date of application

Signature with Stamp

FOR OFFICE USE ONLY

25. Date of receipt of application	
26. Activity/Commodity Code	
27. Exempt Indicator	
28. Voluntary Registration Indicator	
29. Start up Business Indicator	
30. CST Indicator	
31. Refund Indicator	
32. Works contract Indicator.	
33. Suo motu 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

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 100B if found necessary.

25 to 39: For office use only.