FORM VAT -103

REGISTRATION CERTIFICATE FOR DEALERS LIABLE TO PAY VALUE ADDED TAX

[See Sub rule (3)of rule 18, sub rule (1)and (2)of rule 19]

I hereby certify that _____ status _____, whose principal business activities comprise _____ and whose Principal place of business/place of business is situated at :-

Village/Holding No.

Locality

Ward No.

Corporation/Municipality/N.A.C./

Town/City.

Post Office PIN

Police Station

District

is registered/is deemed to be registered under sub section (2)/sub section (5) of Section 25 or sub section (2) of Section 26 of the Orissa Value Added Tax Act, 2004 and is assigned with Identification Number.

TIN | | | | | | | | | | | |

D D M M Y Y Y Y

With effect from | | | - | | | - | | | | |

02. The additional place of business, branch, go down or warehouse is situated at the following address:

Additional Place of business/Branch	Go down/Warehouse

03. The following goods or class or classes of goods are purchased or intended to be purchased or received otherwise than by way purchases for resale or sale.

Description of goods or class or classes of goods	
1	6.
2.	7.
3.	8.
4.	9.
5.	10.

04. The following goods are purchased or intended to be purchased or received otherwise than by way of purchases for use as capital goods, raw materials, consumables, fuels directly in the manufacture of goods and packing materials, for sale.

Capital goods	Raw materials	Consumables	Fuel	Packing material
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
4.	4.	4.	4.	4.
5.	5.	5.	5.	5.
6.	6.	6.	6.	6.
7.	7.	7.	7.	7.

05. The following goods are manufactured or produced as bye-product for sale:

Description of goods manufactured	
Taxable	Taxfree
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Description of Bye-products produced.	
Taxable	Taxfree
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

06. The following goods are purchased or intended to be purchased or received otherwise than by way of purchases for use in the execution of works contract.

Description of goods	
1.	4.
2.	5.
3.	6.

07. Given under my hand at _____on the _____ day of _____200…..

08. Your VAT Office is _____ RANGE.

09. Your local Tax office is _____ CIRCLE

Seal

REGISTERING AUTHORITY
ASSISTANT COMMISSIONER OF SALES TAX,
_____ RANGE

Note:

- Score out whichever is not applicable
- Use block letter
- No box shall be left blank
- When not applicable, the box shall be crossed and stamped “NOT APPLICABLE”.
- Registration Certificate shall be displayed at conspicuous place of Principal place of business.
- Copy of Registration Certificate shall be displayed at conspicuous place of each additional place of business mentioned in such certificate.