

**INFORMATION BY A DEALER, DEEMED TO BE REGISTERED UNDER THE ORISSA
VALUE ADDED TAX ACT, 2004.**

[See sub rule (8) of rule 15]

Please read the following before filling up the form

- Submit in duplicate,
- Use separate sheet where space provided is insufficient,
- Use legible capital letters.
- Mention the Registering authority to whom the application is submitted.

To

The Registering Authority,

CIRCLE	
RANGE	

Ison/daughter/wife of
.....the Proprietor / Partner / Karta of HUF / (Managing)
Director/ Principal officer / Authorised Departmental officer of the business, the particulars of
which are detailed below, hereby apply on behalf of that business for grant of a certificate of

01. Name of the Business :

02. Address of the Principal place or Place of business :

(Principal place of Business, If there is more than one place of business)

Village/Holding No:

Locality / Ward No.

Town/City

P.O: (PIN)

Phone:

FAX No.

E-Mail:

03. Occupancy status of place of the
business

Owned/ Rented/ Leased / Free Of
Rent / Others(specify) _____

(Score out whichever is not applicable)

04. Status of the business

(Mark ü whichever is
applicable)

Proprietorship

Partnership

Public Ltd. Company

Private Ltd. Company

Cooperative Society

Association of persons.

Public sector undertaking

Department Government

Others(specify)_____

05. Nature of business activities:

(Mark ü whichever is
applicable)

Trading

Manufacturing

Mining

Generation &

Distribution of

Electricity

Leasing

Execution of works

contract

Restaurateur

Others(specify)_____

06. Date from which liable to pay tax under the repealed Act.	D	D		M	M		Y	Y	Y	Y
			-			-				

07. Date from which the certificate of registration was effective under the repealed Act and the Registration Number.	D	D		M	M		Y	Y	Y	Y
			-			-				
	R.C. No									

08. Description of Commodities purchased or received otherwise than by way of purchases for resale/sale.	1.	5.
	2.	6.
	3.	7.
	4.	8.

09. Are you manufacturing goods for sale ? (Score out whichever is not applicable) If answer is "Yes", furnish the following Details.	Yes	No
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10. Description of goods purchased/Received otherwise for use as:	Capital goods.	Raw Materials.
	1.	1.
	2.	2.
	Consumables	
	1.	
	2.	
	Fuel.	Packing Material
	1.	1.
	2.	2.

11. Description of goods manufactured for sale including bye – products.		Taxable	Tax Free
	Finished products.		
	Bye - Product		

12. Are you in receipt of any sales Tax incentive under IPR ? If your answer is "Yes", furnish the following details.	Yes	No
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13. Specify the IPR under which, incentive is being received and the nature of such incentive. (Score out whichever is not applicable)	IPR 1992	IPR 1996	IPR 2002
	Exemption	Deferment	

14. Specify the dates from which the incentive is being availed and the number of years or the total amount for which such incentive is admissible. (Mark "v" whichever is applicable)	D	D		M	M		Y	Y	Y	Y
			-			-				
			No of Years		Amount					
	Incentive available									

15. Specify the number of years or the amount for which the incentive has already been availed.		No of Years	Amount
	Incentive already availed		

16. Are you engaged in mining operation ?	Yes	No
If your answer is "Yes", furnish the following details.		

17. Description of goods purchased for use in operation of mining.	Capital goods	Others (specify)
	1.	1.
	2.	2.
	3.	3.
	4.	4.

18. Are you a works contractor? (Score out whichever is not applicable) If your answer is "Yes", furnish the following details.	Yes	No
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19. Nature of works contract executed. (Mark ü whichever is applicable)	Civil	Air-conditioning
	Electrical Fabrication / erection Structural	Others _____ (specify)

20. Description of goods purchased for use in works contract.	1.	5.
	2.	6.
	3.	7.
	4.	8.

21. If you were registered u/s 9-c of the repealed Act, specify the date upto which your registration is valid.	D	D		M	M		Y	Y	Y	Y
			-			-				

22. Details of Bank Account	Name of the Bank	Branch & Code	Account No	Nature of Account

23. Permanent Account No. of the business (PAN)									
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24. Language in which Books of Account are maintained.
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25. Are you maintaining accounts electronically? (Score out whichever is not applicable)	Yes	No
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26. Details of immovable property owned wholly or partly.	Description of property.	Address, where situated	Approx. Value	Share percentage

27. Details of security, if any, furnished.	Amount of Security. Rs. P.	Manner in which furnished.

28. Particulars of registration certificated issued.
(i) by the Registrars of Companies. (ii) by the Registrar of Cooperative Societies. (iii) By the Supdt of Central Excise. (iv) By the Supdt of State Excise. (v) Under the Central Sales Tax Act, 1956 (vi) Under the Orissa Entry Tax Act, 1999 (vii) Under the Orissa Luxury Tax Act, (viii) Under the Orissa Act on Professions Trades, Calling & Emploment, 2000

29. Are you a member of any chamber of Commerce or Trade Organisation ? (score out whichever is not applicable)	Yes	No
If your answer is "Yes", furnish the following details.		

30. The name of the Chamber or Trade organization and particulars , if any, in support of membership.

31. Address of additional place(s) of business / branch / godown – both inside and outside the state.

Use Form VAT - 101 - A / B

32. Declaration of proprietor, each partner / Director, Authorised officer / person and Principal officer of the business.

Use Form VAT - 101 - C

VERIFICATION

I _____ son / daughter / wife of

_____ status _____

of the aforesaid business do hereby solemnly affirm that the particulars given in this form are true and correct to the best of my knowledge and belief. I undertake to notify immediately to the Registering authority to whom these particulars has been furnished, any change in any of the above particulars.

Signature

(Designation with relation to the business)

Seal

Date ____/____/____