

Form DVAT 07

PART - A

[See Rule 15]

Application for Amendment(s) in Particulars subsequent to Registration under Delhi Value Added Tax Act, 2004

A. Registration No. / TIN																			
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B. Full Name of Dealer																			

C. Amendment summary

(Please put field reference in which amendments are sought, date of amendment and reason for amendment(s). attach additional sheets if required)

Field Ref.	Date (mm/dd/yy)	Reason(s)

(Please fill in only those following fields that are to be amended. All other fields should be left blank or struck out)

1. Full Name of Applicant Dealer																			
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2. Nature of Business <input type="checkbox"/> Manu- <input type="checkbox"/> Trader <input type="checkbox"/> Lea- <input type="checkbox"/> Works <input type="checkbox"/> Expor- <input type="checkbox"/> Impor- <input type="checkbox"/> Others (Tick <input checked="" type="checkbox"/> all factorer sing Contra ter ter (specify) <i>applicable</i>) -ctor
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3. Constitution of Business (Tick <input checked="" type="checkbox"/> one as applicable)	<input type="checkbox"/> Proprie- torship	<input type="checkbox"/> Private Ltd. Company	<input type="checkbox"/> Public Sector Undertaking
	<input type="checkbox"/> <u>Partnership</u>	<input type="checkbox"/> Government Company	<input type="checkbox"/> Government Corporation
	<input type="checkbox"/> <u>HUF</u>	<input type="checkbox"/> Public Ltd. Company	<input type="checkbox"/> Govt Deptt/ Society/ Club/ Trust
	<input type="checkbox"/> Others, please specify		

4. Principal Place of Business	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			

5. Address for service of notice (If different from principal place of business)	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			

6. Number of additional places of business within or outside the state (also please complete Part C)	Godown / Warehouse		
	Factory		
	Shop		
	Other place(s) of business		

7. Details of main Bank Account	Account Number																			
	MICR Number																			
	Name of Bank																			
	Address of Bank																			

8. Description of top 5 items you deal or propose to deal in (1-highest volume to 5-lowest volume)	Description of items	Commodity Code			
	1				
	2				
	3				
	4				
	5				

9. Security (for modification, please complete Part-E)	(a) Amount of Security Rs.																			
	(b) Type of Security																			
	(c) Date of expiry of Security			/			/													
		Day		Month		Year														

10. Number of persons having interest in business (also please complete & annex Part B)			
11. Number of Managers			
12. Number of authorized signatories			

13. Name of Manager																				
		First Name					Middle Name					Surname								

14. Name of Authorised Signatory*																				
	First Name					Middle Name					Surname									

* Please complete Part D

15. Verification	
I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.	
Signature of Authorised Signatory	_____
Full Name	_____
Designation/Status	_____

Place																				
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Date								
	Day	Month	Year					

Please affix a passport size photograph of the person whose particulars are being given in this form

Form DVAT 07 PART - B

Amendment of existing particulars / addition of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business

Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Amendment						
Date of change (mm/dd/yyyy)		/		/					

- In case of amendments of existing particulars, please fill in Fields 1 & 2 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out.
- In case of deletion of a person, please fill in Fields 1 & 2 only
- In case of addition of a new person, please complete the Form in full

1. Full Name of Applicant Dealer																				
	Registration No./TIN																			

2. Full Name of Person (Provide in order of first name, middle name, surname)																				

3. Date of birth										4. Gender (tick <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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5. Father's / Husband's name																				
	First Name					Middle Name					Surname									

6. PAN :																				
	7. Passport No.																			

8. E-mail address																				
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9. Residential Address <i>(If different from principal place of business)</i>	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Telephone Number																			
	Fax Number																			

10. Permanent Address <i>(If different from residential address)</i>	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Telephone Number																			
	Fax Number																			

11. Whether engaged in any other business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details:-		
(i) Name & address of other business		
(ii) TIN		
(iii) Status		

*if engaged in two or more other business, attach details on a separate sheet.

12. Verification
I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.
Signature of Authorised Signatory _____
Full Name <i>(first name, middle, surname)</i> _____
Designation/Status _____

Place																				
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Date								
	Day	Month	Year					

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business
Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Closure	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment	
Date of change (mm/dd/yyyy)		/		
Address	Building Name/ Number			
	Area/ Road			
	Locality/ Market			
	Distt.			
	State			
	Pin Code			
	Email Id			
	Telephone Number			
	Fax Number			
	Date of establishment		/	
State local sales tax/VAT/CST registration number	Day	Month	Year	
<i>(if place of business is situated outside Delhi)</i>				

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business
Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Closure	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment	
Date of change (mm/dd/yyyy)		/		
Address	Building Name/ Number			
	Area/ Road			
	Locality/ Market			
	Distt.			
	State			
	Pin Code			
	Email Id			
	Telephone Number			
	Fax Number			
	Date of establishment		/	
State local sales tax/VAT/CST registration number	Day	Month	Year	
<i>(if place of business is situated outside Delhi)</i>				

3. Verification
I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.
Signature of Authorised Signatory _____
Full Name (first name, middle, surname) _____
Designation/Status _____

Place _____

Date _____
Day _____ Month _____ Year _____

10. Permanent Address <i>(If different from residential address)</i>	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Distt.																			
	State																			
	Pin Code																			
	Telephone Number																			
Fax Number																				

11. Declaration
 I/We _____ hereby solemnly affirm and declare that the person named above is authorised to act as an authorised signatory for the above referred business for which application for registration is being filed/ is registered under the Act. All his actions in relation to this business will be binding on us.

	Full Name (<i>First name, Middle Name, Surname</i>)	Designation/Status	Signature
1.			
2.			
3.			
4.			

12. Acceptance as an authorised signatory
 I _____ hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.

Signature of Authorised Signatory _____

Full Name (*first name, middle, surname*) _____

Designation/Status _____

Place

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Date

Day	

Month	

Year			

Form DVAT 07
PART - E

Calculation of Modified Security

A. Prescribed Security Amount		(Rs)	1,00,000
B. Reduction sought (Maximum reduction available Rs. 50,000)		Tick applicable items	Rebate (Rs)
1	Proof of ownership of principal place of business		30,000
2	Proof of ownership of residential property by proprietor/ managing partner		20,000
3	Copy of passport of proprietor/ managing partner		10,000
4	Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department		10,000
5	Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)		10,000
6	Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)		5,000
C. Total Reductions Allowed (Total of B1 to B6 as applicable, subject to maximum of Rs.50,000)			
D. Security to be furnished		(A-C)	
E. Security already furnished and valid as on date			
F. Additional security (if any) to be furnished		(D-E)	

G. Additional Security	(a) Amount of Security	Rs.																		
	(b) Type of Security																			
	(c) Date of expiry of Security			/			/													
		Day		Month		Year														

Verification
I/We _____ hereby solemnly affirm and declare
that the information given hereinabove is true and correct to the best of my/our knowledge and
belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____
Full Name (first name, middle, surname) _____
Designation/Status _____

Place _____

Date _____
Day _____ Month _____ Year _____

Instructions for filling Form DVAT 07: (For details please refer to Section 21 and Rule 15)

1. Please remember to fill in your registration number/TIN at all places provided
2. Please note that the following supporting documents, if applicable, have to be submitted along with the amendment application:
 - (i) Proof of change in the name of the business.
 - (ii) Proof of change in the principal/ other places of business.
 - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
 - (iv) Proof of change in constitution of the business.
3. Please note that this form has to be verified and signed by the following:
 - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
 - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
 - (iii) in the case of a company or local authority, by the principal officer thereof;
 - (iv) in the case of a firm, by any partner thereof, not being a minor;
 - (v) in the case of any other association, by any member of the association or persons;
 - (vi) in the case of a trust, by the trustee or any trustee; and
 - (vii) in the case of an other person, by some person competent to act on his behalf.
4. In case any Part is not applicable, please strike off the same and write 'Not Applicable' on the face of the said Part.

Substituted vide notification no. F.3(22)/Fin.(T&E)/2006-07/dsft/344-353 dated 07.09.2006 w.e.f. 07.09.2006.