Department of Trade and Taxes Government of NCT of Delhi

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							
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				T								1
1. Full Name of Applicant Deale	er													
2. Nature of Business 🗖 Manu-	Tra	der	ום	Lea-	D 1	Work	ts 🗖	Exp	oor- [🗆 In	npor-		Othe	rs
(Tick all facturer			5	sing	(Conti	ra	ter		ter		(spec	ify)
applicable)					-	-ctor						_		
3. Constitution of P	Proprie	-		Priv	ate l	Ltd.		🗆 F	Publi	c Sec	tor l	Unde	rtaki	ing
Business to	orship			Con	npan	ıy								
(Tick \mathbb{Z} one as applicable) \Box <u>P</u>	Partner	ship		Gov	verni	ment			Jove	rnme	nt C	orpo	ratio	n
				Con	npan	ıy								
□ <u>H</u>	HUF			Pub	lic L	.td.			Govt	Dept	t/ Sc	ciety	y/ Cl	ub/
				Con	npan	ıy		1	rust	_		-		
□ O	Others,	plea	se sj	pecif	y									

			<u> </u>					-				-		
4. Principal Place of	Building Na	.me/									1		1	1
Business	Number													
	Area/ Road													
	Locality/ Ma	arket												
	Pin Code								•	•				
	Email Id													
	Telephone N	Jumber												
	Fax Number													
	1 un 1 (unite el			1 1				I					I	
5. Address for	Building Na	.me/												
service of notice	Number													
(If different from	Area/ Road													
principal place of	Locality/ Ma	arket												
business)	Pin Code													
	Email Id													
	Telephone N	Jumber												
	Fax Number													
	1 un r turne er			1 1				1			<u> </u>	<u> </u>	I	
6. Number of addit	ional places	of busin	ess wi	thin c	or	God	own	/ W	arel	nous	se			
outside the state	I					Fact	ory							
(also please compl	lete Part C)					Shop								
(····· I······ I······ I·····						Othe		ice(s	s) of	f bu	sine	ess		
					l				.,					-L
7. Details of main Bar	nk Account	Accour	nt Num	ber										
		MICR	Numbe	r										
		Name of	of Bank											
		Addres												
										-				
8. Description of top	5 items you de	eal or pro	pose to	D	escr	iptior	n of i	tem	s	(Cor	nmo	odity	v
deal in (1-highest						I						Cod		,
				1										
				2										
				3										
				4										
				5										
				5									I	
9. Security	(a) Am	ount of S	ecurity	Rs										
(for modification, ple		e of Secu												
complete Part-E)	•••	e of expir	•	curity	-		1			1				
····· <i>T</i> ···· -)	(c) But	e or expir	<i>y</i> or <i>b</i> c	currey	F	Day	ſ	Mo	onth	Ĺ		Y	ear	
L						Day	1	1,10		I	1	1	Jui	
10. Number of persons	having interes	st in busir	ness (al	so plea	ıse d	compl	ete é	k an	nex	Par	t B)		
11. Number of Manag			,	•		1								
12. Number of authori		S												
13. Name of Manager														
1	Fir	st Name		N	Mid	dle N	ame			9	Surr	nam	e	

		1 1		1	<u> </u>	r r	1	1	1 1	
14. Name of Authorised										
Signatory*	First 1	Name	Mi	ddle N	ame		Su	rnam	e	
* Please complete Part D										
15. Verification										
I/We			ł	nereby	solemn	ly afi	firm a	and (lecla	re
that the information given here	inabove is t	true and c	orrect to	the b	est of m	y/ou	r kno	wled	ge ar	nd
belief and nothing has been con	cealed there	efrom.				-			C	
Signature of Authorised Signato										
Signature of Authorised Signat	лу									
Full Name										
Designation/Status										
6										
Place										
	·		-							
Date										
Day Month		Year								
			-							

Form DVAT 07 PART - B

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

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

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																
Date of change (mm/dd/yyyy)			/			/										
• In case of amendments of exis	ting	g pa	ırti	culc	ırs,	ple	ase	fill	in F	iela	ls 1 &	2 an	d the	rea	fter o	nly
those fields that are to be ame	ende	ed	All	oth	er f	ield	s sl	houi	ld be	e lef	t blan	k or s	struc	k ou	ıt.	
• In case of deletion of a person																
In case of addition of a new person, please complete the Form in full																
In case of addition of a new person, please complete the Form in full 1. Full Name of Applicant Dealer																
Registration No./TIN																
		T	T							1	1	1				
		-	_			-										
(Provide in order of first name,		_									_					
middle name, surname)																
3. Date of birth /	/					4. (Gen	der	(tick		one)		Mal	e	🛛 Fe	emale

5. Father's / Husband's nam	ne																					٦
		F	irst	Na	ame	9			М	lidd	le l	Nar	ne				S	urn	an	ne		
r			_	-		-									-	-			- 1			
6. PAN :							7. I	Pass	spor	t No	э.											
	<u> </u>				-		1	1	_			1	_		1	-		1	1		1	
8. E-mail address																						
9. Residential Address	D.,	ildin	~ N.			N1	mha		Т	Т	1	1	1			T	1	T	1	1		٦
		num ea/ R				INUI	noe	1		-		-				-	-	-	-			-
(If different from principal		cality			ket			F								-	-	-	-	-		-
place of business)		n Cod		a	KUU				-	-									1		1	1
		lepho		Nu	ımł	ber		F		_						T	1	T	Γ		Τ	1
		x Nui						F				-					-					-
													•	·		<i>.</i>	<u> </u>	<i>.</i>				-
10. Permanent Address	Bu	ilding	g Na	am	ne/]	Nur	nbe	r														
(If different from		ea/ R																				_
residential address)		cality		ar	ket			-		_												
		1 Cod		NT	1			-	_	_			-			1	T	1	1	1		٦
		lepho x Nui			IIIIC	er		-		-		-				-	-		-	+	-	
	1 a	<u>x ivui</u>	noc	1													1	1				_
11. Whether engaged in any	othe	r bus	sine	ss			Į,	Ŋ	es					1	No							٦
If yes, give details:-							_	-	-	-	1	-	-		-	- 1			1		1	
(i) Name & address of other	r busi	ness							_										-	_		_
							_	-		-				_	+						+	
(ii) TIN							-			-					-	_			-		-	_
(iii) Status																			ŀ			_
*if engaged in two or more o	ther b	ousine	ess,	at	tacl	n de	etail	ls o	nas	sepa	arat	e sl	nee	t.		l						
																						-
12. Verification I/We									L		hri		~ ~ ~ ~			-c:			L A	1		
that the information given	hereii	abo	ve i		riie	and	d co	orre		here												
belief and nothing has been							u ci	лт с) th		CSL	01	iiiy/	00			** 10	λιξ	50 L	ina	
6																						
Signature of Authorised Sig	gnator	ry																			_	
Full Name (first name, mid	ddle,	surna	ame)																	_	
Designation/Status																					_	
L																						
Place																						

Year

Day / Month /

Date

Form DVAT 07 PART - C

Details of additions / closure / amendment in particulars of additional places of business (Please complete all details in full for all eases of additions

(Please complete all details in full for all cases of additions, closures, amendments in particulars)

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

2. Details of Additional Places of Business (attach additional sheets if required)

Туре	Godown / Warehouse F	acto	ry		Sho	p			Othe	er p	lace	of b	usin	ess	
Nature of	change (tick ☑ as applicable)				Closu	ıre		Add	litio	n		Am	endr	nent	
Date of cl	hange (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	Da	ıy		Mo	onth			Ye	ear					
	registration number														
(if place of	f business is situated outside Delhi)														

Туре	Godown / Warehouse 🛛 F	acto	ry		Sho	р	[Oth	er pl	lace	of b	usin	ess	
Nature of	change (tick ☑ as applicable)				Closu	ire		Add	litio	n		Am	endr	nent	-
Date of ch	nange (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	Da	y		Mo	onth			Ye	ear					
	registration number														
(if place of	business is situated outside Delhi)														

				_	<i>a</i> 1			_	<u> </u>			<i>c</i> -			
- 7	Godown / Warehouse F	acto	ry		Sho					- î		of b			
	change (tick ☑ as applicable)				losu	ire		Add	litior	1		Am	endı	nen	I
Date of cl	hange (mm/dd/yyyy)	/			/									-	
Address	Building Name/ Number														
	Area/ Road														
	Locality/ Market														
	Distt.														1
	State														
	Pin Code														-
	Email Id														F
	Telephone Number														1
	Fax Number														1
	Date of establishment			1			1								
	State local sales tax/VAT/CST	Da	av	,	Mc	onth	,		Ye	ar	-				
	registration number		. y		IVIC				10	ui					Γ
(if place of	f business is situated outside Delhi)			I			I				I				
(y place of	Dusiness is suitured outside Detiti)														
T					C1			_	0.1		1	<u>c 1</u>			
- J F -	Godown / Warehouse F	acto			Sho					-	_	of b			
	change (tick ☑ as applicable)	<u> </u>			losi	ire		Add	itior	1		Am	endi	nen	i
	hange (mm/dd/yyyy)	/			/						1	-	-	1	-
Address	Building Name/ Number														
	Area/ Road														
	Locality/ Market														
	Distt.														
	State														
	Pin Code														
	Email Id														
	Telephone Number														1
	Fax Number														
	Date of establishment			/			/								L
	State local sales tax/VAT/CST	Da	av		Mo	onth			Ye	ear					
	registration number		ľ.												Γ
(if place of	f business is situated outside Delhi)	<u> </u>	<u> </u>								I	1			
(97.000.0)															
3. Verifi	cation														
I/We	cuton					he	ereh	v so	lemr	ılv	affir	m ai	nd d	ecla	re
	information given hereinabove is	true	e and	1 co	rrect										
	d nothing has been concealed the														
	e of Authorised Signatory														
-	ne (first name, middle, surname)														
Designat	tion/Status														
L															
Place										Τ					_
Date			Т												
12000	Day Month	Yea	r												
		100													

Form DVAT 07 PART - D

Addition/Deletions/Amendments in Particulars
of the authorised signatory

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

s applicat	ole)		Add	ition			Del	etion		<u> </u>	Ame	ıdm	ent
)	/		/										
amended erson, ple	. All oi ease fil	ther f l in f	fields ields	sho 1 &	uld 2 o	be le nly)	eft bl	lank (er oi	nly
1. Full Name of Applicant Dealer													
/		me	4. G	ende									male
			7. P	asspo	ort N	Jo.							
				1									
Area/ R Locality Distt. State Pin Coc	oad // Mari le	ket		er									
) f existing amended erson, ple ew person ealer tory me, midd f i i i i i buildin Area/ R Locality Distt. State Pin Coo	f existing partic amended. All or erson, please fil ew person, please ealer tory me, middle ime, middle building Nam Area/ Road Locality/ Mar Distt. State Pin Code) / f existing particulars amended. All other j erson, please fill in f ew person, please compared to the person of th	i / / f existing particulars, please amended. All other fields erson, please fill in fields ew person, please completed and the set of t	1 1 1 f existing particulars, please f amended. All other fields sho erson, please fill in fields 1 & e ew person, please complete th e ealer 1 and a 1 tory 1 me, middle 1 First Name 7. Passpo Building Name/ Number Area/ Road Locality/ Market Distt. State Pin Code	i / / f existing particulars, please fill in amended. All other fields should erson, please fill in fields 1 & 2 or ew person, please complete the F ealer i ealer i i	i / / f existing particulars, please fill in Fidamended. All other fields should be laterson, please fill in fields 1 & 2 only) ew person, please fill in fields 1 & 2 only) ew person, please complete the Form ealer amendel. all and all all all all all all all all all al	i / / f existing particulars, please fill in Fields should be left be reson, please fill in fields 1 & 2 only) ew person, please complete the Form in fields ealer i i i	i / / F existing particulars, please fill in Fields 1 & 2 amended. All other fields should be left blank of the series on, please fill in fields 1 & 2 only) ew person, please complete the Form in full) ealer aler </td <td>i i i Fexisting particulars, please fill in Fields 1 & 2 and amended. All other fields should be left blank or streson, please fill in fields 1 & 2 only) ew person, please complete the Form in full) ealer i i ealer i i tory ime, middle i First Name Middle Name Building Name/ Number Area/ Road Locality/ Market Distt. State Pin Code</td> <td>i i i Fexisting particulars, please fill in Fields 1 & 2 and the amended. All other fields should be left blank or struck erson, please fill in fields 1 & 2 only) ew person, please complete the Form in full) ealer i i i i i and in the image in the</td> <td>i i i Fexisting particulars, please fill in Fields 1 & 2 and thereafted amended. All other fields should be left blank or struck out) erson, please fill in fields 1 & 2 only) ew person, please complete the Form in full) ealer i i a b b b b b b b b b b b b b b b b b b b</td> <td>) / / / f existing particulars, please fill in Fields I & 2 and thereafter or amended. All other fields should be left blank or struck out) erson, please fill in fields I & 2 only) ew person, please complete the Form in full) ealer i</td>	i i i Fexisting particulars, please fill in Fields 1 & 2 and amended. All other fields should be left blank or streson, please fill in fields 1 & 2 only) ew person, please complete the Form in full) ealer i i ealer i i tory ime, middle i First Name Middle Name Building Name/ Number Area/ Road Locality/ Market Distt. State Pin Code	i i i Fexisting particulars, please fill in Fields 1 & 2 and the amended. All other fields should be left blank or struck erson, please fill in fields 1 & 2 only) ew person, please complete the Form in full) ealer i i i i i and in the image in the	i i i Fexisting particulars, please fill in Fields 1 & 2 and thereafted amended. All other fields should be left blank or struck out) erson, please fill in fields 1 & 2 only) ew person, please complete the Form in full) ealer i i a b b b b b b b b b b b b b b b b b b b) / / / f existing particulars, please fill in Fields I & 2 and thereafter or amended. All other fields should be left blank or struck out) erson, please fill in fields I & 2 only) ew person, please complete the Form in full) ealer i

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

11. Declaration I/We declare that the person named above is authorised to above referred business for which application for regis the Act. All his actions in relation to this business will	o act as an authorised signatory for the stration is being filed/ is registered under
Full Name (First name, Middle Name, Surname)	Designation/Status Signature
1.	
2.	
3.	
4.	
12. Acceptance as an authorised signatory	
	hereby solemnly accord my acceptance to
act as authorised signatory for the above referred busi the business.	ness and all my acts shall be binding on
Signature of Authorised Signatory	
Full Name (first name, middle, surname)	
Designation/Status	

 Place

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) app	Tick licable 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			
	applicable items 1 Proof of ownership of principal place of business 2 Proof of ownership of residential property by proprietor/ managing partner 3 Copy of passport of proprietor/ managing partner 4 Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department 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) 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					
D. 9	Security to be furnished	(A-C)				
E. S	Security already furnished and valid as on date					
F. <i>I</i>	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 / /									
	(c) Date of expiry of Secu	irity		/			/			
			Day	7	Mo	onth		Ye	ar	

Verificati I/We	on											her	ebv	sole	mnly	/ affi	irm a	and	decl	are
that the i	nforn	natio	n g	iven	here	inab	ove	is tr	ue a	nd	cori		-		-					
belief and	l notl	ning	has	beer	n con	ceal	ed th	neref	rom	ı.										
Signature	of A	utho	orise	ed Si	gnato	orv														
Full Nam						2	nam	e)												-
Designati	v			c,	cicire,			.,	_			 								
Place																				
	-		- -			1					_									
Date																				
	D	ay		Mc	nth			Y	ear											

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/dsfte/344-353 dated 07.09.2006 w.e.f. 07.09.2006.