Form VAT 2
Amendment of VAT/CoT Registration Details

New Registration [ ] Amend Registration [ ]

1. TIN	
2. Document Control No.	

Part - "A" (VRN Allocation)

3	Name of the Applicant*	Sur Name		Given Name	
4	Trading Name*				
Business Address :					
5	Number & Street				
6	Area or Locality				
7	Village / Town/City				
8	District	9. PIN Code			

Contact Numbers :

10	Telephone *	
11	Mobile *	
12	Fax *	
13	Email *	
14	Business Status	
15	Father's/Husband's Name	
16	PAN	
17	Date of Birth (dd/mm/yyyy)	
18	Sex (M or F)	
19	Specimen Signature *:	1. …… 2. …… 3. ……..
20	2" X 2"Latest Photograph	

Part - "B (VRN Allocation)
Residential Address :

21	Number & Street	
22	Area or Locality	
23	Village / Town/City	
24	District	

25	State	
26	PIN Code	
27	Country	
28	Name of the Statutory Authority *	
29	Number	

Business Details

30	Type of Business*	
31	1st Major Commodity Traded/Manufactured	
32	Code :CTD to complete	
33	2nd Major Commodity Traded/Manufactured	
34	Code :CTD to complete	
35	Date of commencement of business* (dd/mm/yyyy)	
36	Tick one of :	

	Turnover for the last Financial Year	Taxable Turnover for a year	Taxable Turnover for the month
37	Turnover Amount		
38	Do you wish to apply for/continue registration under CST act ?	Yes	No
39	Do you wish to register for VAT or Composition TAX ? *	VAT :	CoT :

Additional Information :

Tick each box where relevant else leave blank

40	Do you use computerised accounts ?	
41	Are you a regular Importer ?	
42	Are you a regular Exporter * ?	
43	Will you make exempt sales ? *	

Bank Details

44	Bank & Branch	
45	Bank Code	
46	Account Number	

Note:

If additional places of business, godowns etc.Complete **Form 5a** for details

If a Partnership :Complete **Form 5b** for Partner Details

If others can sign on your behalf Complete **Form 5c** for authorized signatory

Affidavit :

I apply for registration under VAT and declare that the details furnished above are true and correct to the best of my knowledge / I am aware that there are penalties for making false declarations :

47. Name* Signature : …….
48. Date : Status : ……..

Part "C" Official Use Only :

49	Date of Receipt : (dd/mm/yyyy)	
50	Reg Type	
51	VAT or CoT ?	
52	EDR (dd/mm/yyyy)	
53	Local VAT Office (LVO) code	
	Description	

Security Deposit Type :

54	(blank if none)	
55	Amount	
56	Drawn On	
57	Expiry Date (dd/mm/yyyy)	
58	Free Format text box for notes:	
59	Processed by : Officer Code :	