

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	
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4.	Trading Name*	
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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	1 st Major Commodity Traded/Manufactured	
32	Code :CTD to complete	
33	2 nd 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
	<input type="text"/>	<input type="text"/>	<input type="text"/>

37	Turnover Amount	
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38	Do you wish to apply for/continue registration under CST act ?	Yes	No
		<input type="text"/>	<input type="text"/>

39	Do you wish to register for VAT or Composition TAX ? *	VAT :	CoT :
		<input type="text"/>	<input type="text"/>

Additional Information :

Tick each box where relevant else leave blank

40.	Do you use computerised accounts ?	<input type="text"/>
41.	Are you a regular Importer ?	<input type="text"/>
42.	Are you a regular Exporter * ?	<input type="text"/>
43.	Will you make exempt sales ? *	<input type="text"/>

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

