

FORM - I
THE TRIPURA VALUE ADDED TAX ACT, 2004
APPLICATION FORM FOR REGISTRATION
(Under Rule 10 of TVAT Rules)
Write clearly in black ink and use BLOCK LETTERS

To
 The Superintendent of Taxes
 Charge

| |
|--|
| Affix a Photograph of the Signatory |
|--|

1. Name of the applicant:

| | | |
|-------------|------------|-------------|
| | | |
| Family Name | First Name | Middle Name |

2. Sex : Male / Female

3. Whether Citizen of India or Not (Y/N) : _____

4. Trade Name of the Business : _____

5. Address : No. / Street : _____

City : _____

Pin Code : _____

6. Telephone No. : _____ Fax No. : _____ E-Mail Id : _____

7. PAN No. : _____

8. (a) Partners in Firm, Chief Executive in Company, Co-operative Etc.

| Sl. No. | Name | Designation | Address | Age | Father's Name |
|---------|------|-------------|---------|-----|---------------|
| | | | | | |

8. (b) Interest (of Partners in Firm, Chief Executive in Company, Co-operative. Etc.) in other Business

| Sl. No. | Name | Firm's Name | Address of the Firm | Value Added Taxpayer's Identification Number (TIN) | CST Registration No. |
|---------|------|-------------|---------------------|--|----------------------|
| | | | | | |

9. Address of all Branch Offices

| Sl. No. | Branch | Post Office | Thana | District |
|---------|--------|-------------|-------|----------|
| 1. | | | | |
| 2. | | | | |

10. Location of factory / godown, if any

| Sl. No. | Address | | Post Office | Thana | District |
|---------|---------|--------|-------------|-------|----------|
| | Factory | Godown | | | |
| | | | | | |

11. List of Taxable Items Dealing with

| Sl. No. | Item Code | Description | Purchase From places within Tripura for Resale (Y / N) | Manufacture Make and Process for Sale in Tripura (Y / N) | Import/intend to import for Sale in Tripura | |
|---------|-----------|-------------|--|--|---|---------------------|
| | | | | | Within India (Y/N) | Outside India (Y/N) |
| | | | | | | |

12. Economic Activity Code (Manufacturer/Importer/Reseller/Seller) : _____

13. Banker's Name : _____

Nature of Account Held : _____ Account Number : _____

14. Any other relevant license (Trade License, Food Staff License, etc.), if any : No. _____
Date: _____

I _____ (Proprietor/Director/Partner/Secretary or any authorised Person) hereby declare that the particulars given herein are correct and I hereby apply for registration for value added tax.

Signature of the applicant
Designation
Date:.....

FOR OFFICE USE ONLY

Date of Registration : Day _____ Month _____ Year _____

Taxpayer's Identification Number : _____

Amount of Security Paid : (Rs.) _____

Bank Scroll No. : _____ Date _____

Remarks, if any _____