GOVERNMENT OF TRIPURA
FINANCE DEPARTMENT
(TAXES & EXCISE)

NO.F.1-1(43)-TAX/2015

Dated, Agartala, the 15th September, 2015.

NOTIFICATION

In exercise of the powers conferred under Section 87 of the Tripura Value Added Tax Act, 2004 (Tripura Act No. 1 of 2005), the State Government hereby makes the following rules to further amend the Tripura Value Added Tax Rules, 2005, with objective to inserting suitable provisions to delegate the power of revision u/s 70(2) of the Commissioner of Taxes to any officer not below the rank of Joint Commissioner of Taxes and modification of VAT Form-1 for Application Form for Registration as follows:

1. Short title and commencement

(1) These Rules may be called the 'Tripura Value Added Tax (Fifth Amendment) Rules, 2015.'

(2) They shall come into force from the date of their publication in official gazette.

2. Amendment of Rules

(a) Amendment in proviso to sub-rule (2) of Rule 8:

The existing proviso to sub-rule (2) of Rule 8 of the Tripura Value Added Tax Rules, 2005 shall be substituted by the following proviso:

"Provided that the power of revision conferred upon him under sub-section (2) of Section 70 of the Act, the Commissioner, may, by notification in the Official Gazette, and with the approval of Secretary, in-charge of Finance Department in the Government delegate the power to be exercised by any officer not below the
rank of Joint Commissioner of Taxes with certain terms, and he may alter or withdraw such power delegated to any such officer(s), as it deems fit, from time to time."

(b) Amendment of Rule 11:

(i) The existing sub-rule '(x)', sub-rule '(xiv)' and sub-rule '(xv)' of Rule 11 of the Principal Rules shall be deleted.

(ii) The existing 'Form-I' shall be as at Annexure.

By order of the Governor,

(Dr. G.S.G. Ayyangar)
Principal Secretary,
Government of Tripura,
Finance Department
To
The Superintendent of Taxes
Charge ..................................

1. Name of the applicant:

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Designation</th>
<th>Address</th>
<th>Age</th>
<th>Father’s Name</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Firm’s Name</th>
<th>Address of the Firm</th>
<th>Value Added Taxpayer’s Identification Number (TIN)</th>
<th>CST Registration No.</th>
</tr>
</thead>
</table>

9. Address of all Branch Offices

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Branch</th>
<th>Post Office</th>
<th>Thana</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. Location of factory / godown, if any

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Address</th>
<th>Post Office</th>
<th>Thana</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Factory</td>
<td>Godown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. List of Taxable Items Dealing with

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Item Code</th>
<th>Description</th>
<th>Purchase From places within Tripura for Resale (Y / N)</th>
<th>Manufacture Make and Process for Sale in Tripura (Y / N)</th>
<th>Import/intend to import for Sale in Tripura</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

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: ____________________________

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