THE MEGHALAYA VALUE ADDED TAX RULES, 2005 <u>FORM – 1</u> (See Rule – 18) APPLICATION FOR REGISTRATION Write clearly in black ink and use CAPITAL LETTERS

Affix passport size photo

Read instructions enclosed before completing this form Use separate sheet where space is not sufficient.

To The Superintendent of T VAT Registering Author					1	f Sole Directo espons	or/P	erson		
01. Name of the Applicant:										
Surname										
Middle										
Name										
First Name										
02. Sex : Male / Female	•									
03. Father's Name / Husbar	nd Nam	ie								
04. Present Address of the	applica	nt:								
Room / Flat No.										
Premesis No. & street										
City / Town										

PinCode No.

Body

Municipal / Local

05. Permanent Address of the applicant (if different from 04 above)

Room / Flat No.Premesis No. & streetCity / TownDistrict (Mandatory)PinCode No.Municipal / LocalBody	
06. Name and Style of Business (if different from the name given at (01))
07. Address of Principal place of business inside the State.	
Room / Flat No.Premesis No. & streetCity / TownDistrictPinCode No.Municipal Local Body	
08. Occupancy Status	:
09. Status of the Business	
10. If Partnership, number of partners	
Name and particulars of the Partners	: Use Form 1 - A
11. Contact Numbers / Email of Firms: Telephone Fax Email	
12. Names of Two contact Persons	
First Person Second Person	
13. Status of the contact Persons referred to	o in Serial No. 13:
First Person Second Person	

14. Address of the Two contact Persons (With telephone Numbers) referred to in serial No. 13

First Darson							
First Person							
SecondPerson							
becondi crison							
	-	-	-	-	-		

15. Additional places of business inside the State with full postal addresses.

First Branch

0 0 0 0 0 _ 0 0						
Room / Flat No.						
Premesis No. & street						
City / Town						
District						
PinCode No						
Municipal /Local Body						

Second Branch

Room / Flat No.						
Premesis No. & street						
City / Town						
District						
PinCode No.						
Municipal /Local Body						

16. Registration Number(s) of the Branch Offices outside Meghalaya (if any):

First Branch

a. Under the State Act

b. Under the Central Sales Tax Act,1956

Second Branch

a. Under the State Act

b. Under the Central Sales Tax Act,1956

. Complete list of ware-houses/godowns in the State with addresses & telephone Numbers

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111) Date of c	comr	menc	emen	t of p	rodu	ict101	n												
Lo	og Date																			
19.	Nature of	Bus	iness																	
]							
20.	Names of	goo	ds de	alt in																
	If 01, plea	ase s	pecif	y the	name															
	of the cor	nmo	dity (or cor	nmod	ities														
	If 13, plea																			
	of the cor	nmo	dity o	or cor	nmod	ities														

21. Details of Bank Account

First Bank	:																			
Name:																			Τ]
Branch							Τ												Τ]
Account No.							Τ				T								Τ	7
Account Type	e [Τ	Τ									Τ	Τ		T	Τ	T			
Log Date																				
Second Ba Name:	nk:			Τ			Τ	Τ		T					T	T	Τ			1
Branch																				
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Log Date		[

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23.	Registration	n Nun	nber	und	er Cen	tral	Exc	ise and	l Tar	iff /	Act, 19	85 (i	if an	y)	_		_
	L																
24.	Accounts n	nainta	ined	in:													
25.	Accounting	g Year	: [to						
26.	Are your Ac	ccoun	ts Co	omp	uterise	d			:					Yes/N	lo		
27.	Date of con	nmen	ceme	ent o	of Sale	of T	'axa	ble goo	ods		:						
28.	Registration	n No.	unde	er th	e CST	Act	(if	any)			:						
29.	Have you ar	n on-g	going	g bus	siness	or a i	new	, busine	ess?		:						
30.	If you have Turnover of						was	your							_		
	(a) the last	3 mor	nths														
	(b) the last	12 mo	onth	5													
31.	If it is a new Anticipated						ds i	n:-									
	(a) the next	3 mo	nths]			
	(b) the next	12 m	onth	8													
32.	Anticipated															7	
	Exempted g	goods	in tl	ne ne	ext 12	mon	ths:										

22. PAN / TAN of the Firm under the Income Tax Act, 1979 (if any):

33. (a) Describe your business activity below



Please tick		
Manufacturing []	Leasing	[]
Processing []	Hire Purchase	[]
Wholesaling []	Export	[]
_	Hotel/Catering	[]
Retailing []	Service	[]
Agriculture []		
Horticulture []		
Mining []		
Works contract [] Others	[]
		[]

- (b) Goods to be incorporated in the Certificate of Registration:-
- (i) Class or classes of taxable goods purchased or intended to be purchased for resale in Meghalaya.
- (ii) Class or classes of goods manufactured or processed for sale.
- (iii) Class or Classes of goods purchased or intended to be purchased for use directly in manufacture of taxable goods, including containers or other packing materials, in Meghalaya for sale in Meghalaya.
- (iv) Name of goods purchased for use as rawmaterials in manufacturing or processing from places out-side Meghalaya.
- 34. I am not liable to be registered but I want to be registered.Answer this question only if you have not yet reached the registration limit but want to be registered on a voluntary basis.



I want to be registered from _____

I, ______ do hereby declare that the above statements are true to the best of my knowledge and belief. I undertake to notify immediately to the registering authority in the Commercial Taxes Department of change in any of the above particulars.

Date _____

Signature

Status _____