### Application for Registration under section 16 of The Maharashtra Value Added Tax Act, 2002.

To,																						
I her	eby a	pply f	or gra	nt of	regis	stratio	n und	ler se	ction	16 of	The N	/lahar	ashtr	a Valı	ue Ad	ded T	ax Ac	t, 200	2.			
1 (a	) Inco	me Ta	ax Pe	rmane	ent A	ccoun	t Nun	nber (	(PAN)	of bu	sines	s.										
2 Na	ame o	f the	Busin	ess (i	n blo	ock let	ters)															
3 C	onstit	ution	[Plea	se	ti	ck the	appr	opria	te bo	<b>k</b> ]												
	Prop	rietor				Pa	rtners	hip				Pvt. Lt	td. Co				Pub	lic Ltd	. Co.	ю.		
HUF 🔲 C					Co-ope	rative	Socie	ety		Public Trust						Oth	ers (pl	ease s	pecify	<b>'</b> )		
4 Na	ame o	f the	signa	tory to	o the	appli	plication (in block letters)															
			Ī																			
5 St	atus	of the	signa	atory 1	to the	e appl	icatio	n														
Proprietor							Partne	er			Kart	a /adu of F		nber				Directo	or			
	Man	ager				Princ	ipal C	Officer			Aut	horise		son			Oth	ers (pl	ease s	pecify	/)	
6 R	6 Reasons for Registration [Please tick the appropriate box]																					
(a) V	olunta	rily					(b) C	hange	e in th	e cons	stitutio	n		( (	) Par	t trans	sfer of	busin	ess			
(d) F	ull trai	nsfer o	of bus	iness		(e) Exceeding the prescribed turnover limits																
6a	Volu	ntary	regis	tratio	า		tarrio	VOI 111	mo													
Intro	ducti	on by	a reg	istere	d de	aler (s	hould	d be c	ontin	uousl	y regi	stere	d for	5 yea	rs) [se	e rul	e 8(11	)(c )]				
(i)	Nam	e of d	ealer																			
(ii)	TIN u	nder M	IVAT A	ct, 200	)2																	
			ct (DD/	MM/Y	YYY)	ļ																
(iii)	Signa	ature																				
		C	R																			
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Statu	s of th	ne age	ent			S.T.	P.		C.A	۹.		Cos	t Acc	ounta	nt			Advoc	ate			
(i)	Nam	e of th	e age	nt																		
(ii)	Mem	bersh	ip No.																			
(iii)	Signa	ature																				

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6b Change in the Constitution (Mention the previous and the new constitution) [refer to Item 3 for types of constitutions] (i) Change in constitution from To (ii) With effect from [DDMMYYYY] R.C. No. (Previous) 6c Part transfer of business (Mention the name of the transferor and date of transfer) (i) Business transferred from (ii) TIN With effect from [DDMMYYYY] 6d Full transfer of business (Mention the name of the transferor and date of transfer) (i) Business transferred from With effect from [DDMMYYYY] (ii) TIN 6e Exceeding the prescribed turnover limit {The limits should be crossed in the same financial year} The following are the sales and purchases effected in a financial year on the basis of which the application for RC has been made. [Please attach seperate sheet, in case of more bills ] Date on which turnover limits exceeded D D Υ Υ Υ М M [DDMMYYYY] Sales (Please attach separate sheet in case the space is insufficient) Date of Sale Bill No. Amount(Rs.) Name and address of the vendee Commodity Purchases (Please attach separate sheet in case the space is insufficient) Date of Amount(Rs.) Bill No. R.C.No. Name and address of the vendor Commodity Purchase 7 Nature of business [Please tick the appropriate box(es)] Reseller Manufacturer Retailer Importer Exporter Main Others (Please specify) **Nature** Works Commission Leasing Restaurant Contractor Agent Reseller Manufacturer Retailer Importer Exporter Part Others (Please specify) Works **Nature** Commission

Restaurant

Agent

Contractor

Leasing

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8 Date of comme							/YY]				I						Ti-		
Mention the date o	n whi	ich bı	usines	ss is s	tarte	d		_		D	M		М	Υ		Υ	   Y		Υ
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[ If yes, please	-					ite box					•						1		
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10 Language ir	whi	ch bo	ooks	of acc	coun	ts are	maint	aine											
English	Hine	di		Mar	athi		0	ther	please	spec	ify								
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Owned		Re	ented			Le	eased			Re	nt free	9			Othe	rs ple	ase s	pecify	y
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### Date of receipt of Application Application scrutinized by (Name & Designation) Application scrutinized by (Signature) Application approved (Name & Designation) Application approved by (signature) Data entry checked by (Name, Designation & signature) Data entry validated by (Name, Designation & signature) Number Details of Effect date TIN

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Issue date

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# Declaration by all partners of the partnership firm or by signatory to application in other cases. (If space is insufficient please take photocopy of this page and attach)

Declaration: We hereby declare that the information furnished in this application is true & correct to the best of our knowledge & belief.

L			-
σž	Sr. Members of Managing Committee / all persons having any interest in the business. Please include father's name and surname (Please strike out whichever is not applicable)	Permanent Residential Address	
_		Building Name / Office No / Flat	
		Area Name etc.	
		Street Name etc.	
	PAN No.	Village	
		Town/ City	
		Taluka /District	
	P.T.E.C. No.	PIN Code	
		Telephone No.	
.,	2	Building Name / Office No / Flat	
		ON.	
		Area Name etc.	
		Street Name etc.	
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		Town/ City	
		Taluka /District	
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Signatures of all Signatories

Page 6 (continued)

Form 101

## Declaration by all partners of the partnership firm or by signatory to application in other cases. (If space is insufficient please take photocopy of this page and attach)

Declaration: We hereby declare that the information furnished in this application is true & correct to the best of our knowledge & belief.

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Full Name of Proprietor / Partner / Director / Members of Managing Committee / all persons wing any interest in the business. Please includather's name and surname (Please strike out whichever is not applicable)																		w.mer
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