

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 separate sheet, in case of more bills]

Date on which turnover limits exceeded																				
[DDMMYYYY]																				
	D	D	M	M	Y	Y	Y	Y												

Sales (Please attach separate sheet in case the space is insufficient)

Date of Sale	Bill No.	Name and address of the vendee	Commodity	Amount(Rs.)

Purchases (Please attach separate sheet in case the space is insufficient)

Date of Purchase	Bill No.	Name and address of the vendor	R.C.No.	Commodity	Amount(Rs.)

7 Nature of business [Please tick the appropriate box(es)]

Main Nature	Reseller <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Retailer <input type="checkbox"/>	Importer <input type="checkbox"/>	Exporter <input type="checkbox"/>
	Works Contractor <input type="checkbox"/>	Leasing <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Commission Agent <input type="checkbox"/>	Others (Please specify)
Part Nature	Reseller <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Retailer <input type="checkbox"/>	Importer <input type="checkbox"/>	Exporter <input type="checkbox"/>
	Works Contractor <input type="checkbox"/>	Leasing <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Commission Agent <input type="checkbox"/>	Others (Please specify)

8 Date of commencement of business [DDMMYYYY]

Mention the date on which business is started									
	D	D	M	M	Y	Y	Y	Y	Y

9 Do you want to opt for composition scheme in lieu of Sales Tax Payable

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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[If yes, please tick the appropriate box (es)]

Retailer <input type="checkbox"/>	Restaurant / Caterer <input type="checkbox"/>	Bakery <input type="checkbox"/>	Second Hand Passenger motor vehicle Dealer <input type="checkbox"/>	Liquor Vendor <input type="checkbox"/>	Mandap Decorator <input type="checkbox"/>
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10 Language in which books of accounts are maintained

English <input type="checkbox"/>	Hindi <input type="checkbox"/>	Marathi <input type="checkbox"/>	Other please specify <input type="text"/>
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11 Whether the records are computerised? (Please tick the appropriate box)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Partially <input type="checkbox"/>
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12 Full address of the principal place of business

Bldg. Name / Office / Flat No	
Area Name etc.	
Street Name etc.	
Village	
Town / City	
Taluka	
District	
Pin Code	
Telephone No 1	
Telephone No 2	
Mobile No 1	
Mobile No 2	
Fax No.	
Email address	
Email address	

13 Occupancy status of the principal place of the business [Please tick the appropriate box]

Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	Leased <input type="checkbox"/>	Rent free <input type="checkbox"/>	Others please specify <input type="text"/>
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14 Full address of the additional place(s) of business / Godown(s) / Warehouse(s) in Maharashtra

(If space is insufficient please take photocopy of this page and attach)

Bldg. Name / Office No. / Flat No	
Area Name etc.	
Street Name etc.	
Village	
Town / City	
Taluka	
District	
Pin Code	
Telephone No 1	

FOR OFFICE USE ONLY

Date of receipt of Application														
Application scrutinized by (Name & Designation)														
Application scrutinized by (Signature)														
Application approved by (Name & Designation)														
Application approved by (signature)														
Data entry checked by (Name, Designation & signature)														
Data entry validated by (Name, Designation & signature)														
Details of TIN	Number													
	Effect date													
	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.

Sr. No.	Full Name of Proprietor / Partner / Director / 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 No	Area Name etc.	Street Name etc.	Village	Town/ City	Taluka /District	PIN Code	Telephone No.	Building Name / Office No / Flat No	Area Name etc.	Street Name etc.	Village	Town/ City	Taluka /District	PIN Code	Telephone No.	
1	PAN No.																	
2	P.T.E.C. No.																	

**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.

Sr. No.	Full Name of Proprietor / Partner / Director / 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 No	Area Name etc.	Street Name etc.	Village	Town/ City	Taluka /District	PIN Code	Telephone No.	Building Name / Office No / Flat No	Area Name etc.	Street Name etc.	Village	Town/ City	Taluka /District	PIN Code	Telephone No.				
3	PAN No.																				
4	P.T.E.C. No.																				