

THE KERALA VALUE ADDED TAX RULES, 2005
FORM NO. 1A
APPLICATION FOR REGISTRATION - PRESUMPTIVE TAX DEALER
[See Rule 17 (7)]

To
 The Registering Authority
 (with Office Address)

<p>PHOTO (Photo should be attested by the Registering Authority/ Assessing Authority/ Gazetted Officer).</p>

1. I/We.....
 son/daughter of
 residing at (specify address)

/ on behalf of the dealer / carrying on business whose particulars are given in the schedule attached hereto, hereby apply for a registration under the Kerala Value Added Tax Act, 2003.

2. I/We agree to abide by the terms and conditions of the Registration, which may be imposed from time to time. I/We also agree to abide by all the provisions of the KVAT Act, the KVAT Rules made there under and any orders issued there under.

3. The fee prescribed has been paid and the chalan/demand draft is enclosed.

4. I/We understand that the scheme of Presumptive Tax payment is applicable only if the total turnover of any year is not more than **Rs. 50 lakhs**. In case I/We cross the total turnover limit of **Rs. 50 lakhs**, the fact will be intimated to the assessing authority within ten days of the happening of such event.

5. I/We..... declare that to the best of my/our knowledge and belief the information furnished herein is true and complete.

Place :

Date :

Name, Signature with status of the applicant

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ACKNOWLEDGEMENT

Received an application for registration in **Form No.1A** from (Name with full Address)

Place:.....

Date:



Signature and Designation of receiving officer.

[Please refer instructions before filling the application]

SCHEDULE

1. Name and full postal address of the dealer <i>[Specify Trade Name, Ward No., Building No., Street Name, Postal PIN, Telephone No. with STD code, Mobile No., Income Tax PAN]</i>	
2. Date of commencement of business within the State <i>(Not applicable to dealer already registered under the KGST Act, 1963)</i>	

3. Status of Business (Tick appropriate Box/Boxes)

Proprietary concern	Partnership concern	Private Ltd. company	Public Ltd. company	Co-operative Society	Trust	Others (Specify)

4. Details of Proprietor/all Partners/all Directors/all Trustees

Sl. No.	Name & Permanent Residential Address with Pin and Phone No.	Age & Date of birth	Present Residential Address with Pin and Phone No.	IT PAN/ Election ID card No.	Signature
1	2	3	4	5	6
1					
2					
3					
4					
5					
Name, address and signature of Witness attesting the signature in Column No. 6					

5. Description of goods dealt with as per the KVAT Act, 2003

Sl.No.	Schedule No.	Entry No	HSN Code	Description of Goods	Nature of goods (Specify the code no./nos*)

* Code No. of Nature of goods
 01- Goods purchased for re-sale, 02-Goods purchased for lease/hire purchase, 03-Goods purchased for use in works contract, 04-Goods purchased for other purpose (Specify)

6. Address of Places of Business in the State

	Head office / Principal place	Branch
Name of the Building		
Building / Ward No.		
Street Name		
Post Office with PIN		
District		
Email		
Telephone with STD Code		

	Godowns	Ware-houses
Name of the Building		
Building / Ward No.		
Street Name		
Post Office with PIN		
District		
Email		
Telephone with STD Code		

7. Whether permit under section 19 is required	Yes/No.
If yes, No. of permits required	_____ Nos.

8. Mention Registration Certificate Number/ TIN held before the submission of this application (if any)	
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9. Total Turnover of the year preceding to which this application is submitted <i>(Not applicable to dealer already registered under the KGST Act 1963 / VAT Act 2003)</i>	Purchase	Sales

10. Total Turnover estimated for the financial year relating to the Application <i>(Not applicable to dealer already registered under the KGST Act 1963 / VAT Act 2003)</i>	Purchase	Sales

11. Details of the Bank accounts of the Proprietor/all Partners/all Directors/all trustees

Sl. No.	Name of the Proprietor/Partners/ Directors/Trustees	Name of the Bank/Branch/ Bank Account No.	Nature of Account (Current A/c, CC A/c etc)

12. Details of other concerns or sister concerns within the State in which the proprietor, any of the partners or any of the directors or any of the trustees has an interest

Sl. No.	Name	Name and address of the concern	Details of IT PAN/ Registration Certificate No.

13. If Statutory Licenses or Permit are required from any Local Bodies, other Government Department or Agency or Board, details of such Licenses obtained

Name of the Local Body/ Department/ Agency	Details of Licenses or permits

14. Details of Registration application fee paid for the principal place of business and /or additional places of business.

Amount (Rs.)	Name of the Bank with Chalan/Demand Draft No.	Date

15. Name and address of the manager of the business, if a manager is appointed	
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16. Name and address of the Power of Attorney Holder, if any, appointed in relation to the business/tax matters	
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17. List of enclosures

Sl.No.	Name of the Enclosure	Yes/No	Sl.No.	Name of the Enclosure	Yes/No
1	Registration fee (by DD)		3	Two passport size photographs	
2 (i)	If partnership Firm/Company, (If not filed previously)		4	Self-attested copy of PAN card/ Election ID card	
	(a) Attested copy of Partnership Deed/ Memorandum & Articles		5	Self attested copy of Lease Deed	
	(b) Certified copy of resolution to apply for registration and authorization, and		6	Self-attested copy of Licence from Corporation/Municipality/Grama Panchayat	
	(c) Declaration in Form No.2/2A				
(ii)	If proprietary concern, An attested copy of a registered power of attorney if the application is signed by an individual other than the proprietor.		7	Others (Specify)	

Place: _____ Name, address and signature of the person signing with status and relationship to the dealer
Date: _____ (Here state whether proprietor, partner, director, trustee, Power of Attorney holder etc.)

FOR OFFICE USE

1. Date of receipt of Application :
2. Whether Registration Certificate granted (Mention Yes/No) :
3. If Yes, date of issue with PIN No. :
4. (a) If No, reason for the rejection :
(b) Date of communication of orders of rejection :
(c) Result of appeal or revision against orders of rejection :
5. Commodity group code to which the dealer is being classified :

Place: _____
Date: _____ *Registering Authority (Name and Signature)*