

THE KERALA VALUE ADDED TAX RULES, 2005

FORM No.1A

**APPLICATION FOR REGISTRATION OF PRESUMPTIVE TAX DEALER
UNDER SECTION U/S 16 OF THE KVAT, 2003.**

[See Rule 17 (7)]

To
The Registering Authority

HELP LINE contact persons/Ph. Nos.

VAT OFFICE
ADDRESS

I / WeSon / Daughter of.residing at.....OR
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 Rules made there under and any orders issued
there under.
3. The fee prescribed has been paid and the chalan is enclosed
4. I / We understand that the scheme of Presumptive tax payment is applicable
only if the total turnover of any assessment year is not more than Rs. 50 lakhs.
In case I / We cross the turnover limit of Rs. 50 lakhs, the fact will be intimated to
the assessing authority within ten days of the happening of such event.
4. I / We declare that to the best of my/our knowledge and belief
the information furnished herein is true and complete.

Place:

Signature of the applicant

Date:

ACKNOWLEDGEMENT

Received an application for registration in Form No.1A from

Date:

Signature and designation of receiving officer

SCHEDULE

1	Name and full postal address of the dealer (specify Trade name, Ward no., Bldg. No., Street name, Telephone, PAN, ID Card No. of the C.T. Dept.	
2	Name and address of the Manager, if appointed	
3	Name and full postal address of all other places of business in the State with building no. ward no., street name etc.	
4	Complete list and full address of all godowns in the State with building no. ward no., street name etc	
5	Full description of goods purchased locally and sold/disposed.	
6	Date of commencement of business (applicable for new applicants)	
7	Status of the applicant (specify whether Individual, Firm, Company, Society etc.	

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SI No.	Name	Age and Date of Birth	Present Residential Address with Pin code and Ph. No	Income Tax PAN & Details of Identity Cards like I.D. Card of C.T. Dept.	Signature	Name, address and signature of witness attesting the signature

9	Particulars of Registration Certificate/TIN held before the submission of this application	
10	Total turnover of the year(s) preceding to which is the application is submitted	
11	Actual turnover for the year upto the submission of the application.	
12	Particulars of payments of Registration fee for the principal place of business and/or additional places of business	

Place:

Name, status and signature of
the Authorized signatory

Date:

(For official use)

1. Date of receipt of Application.
2. Nature of order passed by the assessing authority in the application
3. Registration certificate No. and date, if any issued.
4. Date of issue of registration certificate.

Signature of the .VAT Authority.
