

THE KERALA VALUE ADDED TAX RULES, 2005

FORM No. IE

**Application for Registration for Government Departments / local
authority / autonomous body u/s 15(2)**

[See Rule 17(7A)]

d d m

HELPLINE / Contact Person

Date:

To

The Registering Authority

VAT OFFICE
ADDRESS

1. Name of the Government Department/Union Territory/
Local Authority/autonomous body
2. Designation of the Head of the Department /Chief
Executive Officer in Kerala
3. Full postal address of the place to be treated as
principal place of business for the purpose of
registration
4. Particulars of additional places of business, if any
5. Type of business

Trading	Manufacturing	Works contract	Awarder
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(tick appropriate box)
6. Specify details of commodities transacted
7. Specify nature of business

local purchase	Import	local sales	Interstate sales
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export sales	Consignment sales	Stock transfer
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(tick appropriate box)

- 8 Specify types of works awarded, if any, to works contractor
- 9 Specify goods purchased interstate using 'D' forms
- 10 State whether payment of compounded tax u/s 8 is intended or not

Yes	No
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- 11 Particulars of payment of registration fee (in the case of autonomous bodies only)

DECLARATION

I.....S/ohereby declare that the particulars furnished herein are true and correct to the best of my knowledge, belief, information and that I am duly authorized to sign this application as per Rule 17(7) of the KVAT Rules, 2005.

Place:

SEAL

 Signature and designation of the authorised person

Date: _____

ACKNOWLEDGEMENT

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

Date: _____ Signature and designation of receiving officer

(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.
