Form DVAT 07 – Cover Page

(See Rule 15 of the Delhi Value Added Tax Rules, 2005)

Application for Amendment in Particulars subsequent to Registration under Delhi Value Added Tax Act, 2004

| Checklist of | Supporting Docume | nts |
|--------------|-------------------|-----|
|--------------|-------------------|-----|

Г

| Plea | se tick as applicable |
|------------|--|
| Mai | idatory Supporting Documents |
| | |
| | Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same) |
| | Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of registration under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory |
| | Proof of identity of authorised signatory signing the Registration Application Form |
| | Two self addressed envelopes (Without stamps) |
| | In case of a dealer applying for registration and simultaneously opting for payment of tax under composition scheme, please attach application in Form DVAT 01 along with this application |
| | Proof of Security |
| <u>Opt</u> | ional Supporting Documents (For reduction in Security Amount) |
| | Proof of ownership of principle place of business |
| | Proof of ownership of residential property by proprietor/ managing partner |
| | Copy of passport of proprietor/ managing partner |
| | Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department |
| | Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) |
| | Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) |
| Rea | sons for Rejection (For Office Use Only) |
| | Please tick as applicable |
| | Not attached Mandatory Supporting Document(s) |
| | □ Other |

Form DVAT 07

(See Rule 15 of the Delhi Value Added Tax Rules, 2005)

Application for Amendment(s) in Particulars subsequent to Registration under Delhi Value Added Tax Act, 2004

| A. Registration No | | | | | | | | | | | |
|---|-------------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| B. Full Name of Dealer | | | | | | | | | | | |
| (For individuals, provide in ord name, middle name, surname) | er of first | | | | | | | | | | |
| name, maare name, su name, | | | | | | | | | | | |

C. Amendment summary

(Please put field reference in which amendments are sought, date of amendment and reason for amendment(s). attach additional sheets if required)

| Field Ref. | Date (mm/dd/yy) | Reason(s) |
|---------------|--------------------|-----------|
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| | | |
| | | |

(Please fill in only those fields that are to be amended. All other fields should be left blank or struck out)

| 1. Full Name of Applicant Dealer | | | | | | | | | | | | | | |
|---|---------|-------|-----|-----|----|--------|---|----|-------|-----|------|-------|-------|-------|
| (For individuals, provide in order of first name, middle name, surname) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2. Trade Name (if any) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | anufact | turer | Tra | der | Le | easing | 3 | Wo | orks | | 0 | thers | (spec | cify) |
| (Tick all applicable) | | | | | | | | Со | ntrac | tor | | | | _ |

| 4. Constitution of Business | Proprieto | orship | | Private | Ltd. | Com | ipany | / | | Pu | blic S | Sect | or Un | derta | ıking | | |
|---|-----------------------|----------------------|----------|-----------|----------|----------|----------|---|----------------|----------|----------|-------|-------|------------|----------|-----------|----------|
| (Tick $\mathbf{\square}$ one as applicable) | Partners | hip | | Goverr | ment | Con | npan | у | | G | overn | men | t Cor | porat | ion | | |
| | □ <u>HUF</u> | | | Public | Ltd. (| Com | pany | | | G | ovt D | eptt/ | Soci | ety/ | Club/ | Trus | t |
| | • Others, p | lease spec | cify | | | | | | | | | | | | | | |
| 5. Type of Registration | Tick ☑ one | | | | | | | | | | | | | | | | |
| 5. Type of Registration | | | Mar | ndatory | | | | | | Vo | olunta | ıry | | | | | |
| 5A. Opting for composition schen | ne under sectior | 16(2) of | the Act | t? î | Fick ₽ | 2 one | 9 | | | Ye | s | | [| | No | | |
| 6. Annual Turnover Category | Tick 🗹 one | | Les | ss than R | s. 51 | acs | | | | Rs | s. 5 la | cs o | r abo | ve | | | |
| (-) Turn in iii | с | | | Rs. | Г | | | | | | | | | | | | |
| (a) Turnover in preceding t | - | | | Rs. | - | | | | | | | | | | | | |
| (b) Expected turnover in th | e current financ | al year | | | | | | | | | | | | | | | |
| 7. Date from which liable for reg | istration under | Delhi Val | lue Add | led Tax . | Act, 2 | 2004 | | | | | | 4 | | | <u>/</u> | | |
| | | | | | | | | | | Day | | | Mor | <u>nth</u> | | Ye | ear |
| | | | | | | | | | L | | | L | | | | | |
| 8. Permanent Account Number of | f the applicant d | ealer (PA | .N) | | | | | | | | | | | | | | |
| 9. Registration number under Ce | ntral Excise Ac | t <i>(if appli</i> a | cable) | | | | | | | | | | | | | | |
| | | | | | I | | | Т | T | 1 | 1 | | 1 | 1 | 1 | 1 | |
| 10. Principle Place of Business | Building | Name/ N | umber | | | | | | - | | | | - | | - | | |
| | Area/ Ro | | | | | | | | | | | | | | | | |
| | Locality/ Pin Code | | | | | | | | | | | | | | | | |
| | Email Id | , , | | | | | | | | | | | | | | | |
| | 1 | e Numbe | r | | | | | | | | | | | | | | |
| | Fax Num | iber | | | | | | | | | | | | | | | |
| 11. Address for service of notice | Building | Name/ N | umber | | | | | | | | | | | | | | |
| (If different from principle place of | Area/ Ro | ad | | | | | | | | | | | | | | | |
| business) | Locality/ | Market | | | | | | | | | | | | | | | |
| | Pin Code | ; | | | | | | | | | | | | 1 | | 1 | · |
| | Email Id Telephor | e Numbe | r | | | | | | | | | | | | | | |
| | Fax Num | | 4 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 12. Number of additional places of (also please complete Annexur | | n or outsic | de the s | tate | | | | | odow actory | | areho | ouse | | | | | - |
| (uiso pieuse compiete Annexui | e 11) | | | | | | | | hop | | | | | | | - | |
| | | | | | | | | 0 | ther p | lace(| s) of l | busi | ness | | | | |
| | I | | | | <u> </u> | [| 1 | Т | T | Γ | | | | | | | |
| 13. Details of main Bank Account | | ount Num CR Numbe | | | <u> </u> | | <u> </u> | _ | _ | <u> </u> | <u> </u> | | | _ | | <u> </u> | <u> </u> |
| | | ne of Banl | | - | - | | + | - | + | | | | - | | - | + | |
| | | ress of Ba | | | | | | | | | | | | | | 1 | |
| | | | | | | <u> </u> | \vdash | | + | | <u> </u> | | + | | + | \square | |
| | | | | | I | I | I | 1 | | I | | I | 1 | 1 | 1 | 1 | I |
| | • | | | | | | | | | | | | | | | 1 | 1 |

| 14. Details of investment in the business | Own Capital | (Rs.) | | | | | |
|---|----------------------------|-------|--|--|--|--|--|
| (details should be current as on date of | Loans from Banks | (Rs.) | | | | | |
| application) | Other loans and borrowings | (Rs.) | | | | | |
| | Plant & Machinery | (Rs.) | | | | | |
| | Land & Building | (Rs.) | | | | | |
| | Other assets & investments | (Rs.) | | | | | |

| 15 Description of ton 5 items you deal or propose to deal in | Description of items |
|---|---|
| 15. Description of top 5 items you deal or propose to deal in (1-highest volume to 5-lowest volume) | 1 |
| | 2 |
| | 3 |
| | 4 |
| | 5 |
| | |
| 16. Accounting Basis | Tick one - Accrual - Cash |
| 17. Frequency of filing of returns (to be filled in by the dealer | er whose turnover is less D Monthly D Ouarterly |
| | <i>ar whose turnover is less</i> |
| 18. Security (a) Amount of | |
| (for modification, please complete (b) Type of Se | |
| (c) Date of exp | xpiry of Security / / / / Year |
| | |
| 19. Number of persons having interest in business (also please complete Annexure I) | |
| 20. Name of Manager | |
| First Name | Middle Name Surname |
| 21. Name of Authorised | |
| Signatory* | Middle Name Surname |
| * Please complete Annexure III | |
| 22. Verification I/We her | ereby solemnly affirm and declare that the information given hereinabove is |
| true and correct to the best of my/our knowledge and belief an | and nothing has been concealed therefrom. |
| Signature of Authorised Signatory | |
| Full Name | |
| Designation | |
| Place | |
| | |
| Date Day Month Year | 4 |

Department of Value Added Tax Government of NCT of Delhi

Form DVAT 07: Annexure I

| Pass |
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|------|

Amendment of existing particulars / addition of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business

| Nature of change (tick \square as applicable) | Addition | Deletion | Amendment |
|---|----------|----------|-----------|
| Date of change (mm/dd/yy) | | | |
| | | | |

• In case of amendments of existing particulars, please fill in Fields 1, 2 & 3 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out.

• In case of deletion of a person, please fill in Fields 1, 2 & 3 only

• in case of addition of a new person, please complete the Form in full

| 1. Full Name of Applicant Dealer | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|-------|---------------|--------|--------|--------|-------|-------|-------|---------|-------|---|-----|------|---|--------------|-----|----------|---|
| (For individuals, provide in order of first | | | | | | | | | | | | | | | | - | | + | |
| name, middle name, surname) | \vdash | | | | | | - | | | | | | | | | ┢── | | - | - |
| | | | | | | | | | | | | | | | | | | | |
| | г г | | 1 | | 1 | - | - | - | 1 | 1 | 1 | 1 | | | - | , | - | | - |
| 2. Registration No*. | | | | | | | | | | | | | | | | | | | |
| *This field is applicable when applying for a | amendn | nent | of reg | istrat | ion ir | ı Forn | ı DVA | T 07 | | | | | | | | | | | |
| 3. Full Name of Person | | | | | | | | | | | | | | | | | | Τ | |
| (Provide in order of first name, middle name, surname) | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 4. Date of birth / | / | | | | | | | 5. Ge | nder | (tick L | aone) | |) N | /ale | | |) F | emal | e |
| | | | | | | | | | | | | | | | | | | | |
| 6. Father's / Husband's name | | | | | | | | | | | | | | | | | | | |
| | | | Firs | t Nai | ne | | | N | Aiddl | e Nar | ne | | | | 5 | Surna | ame | | |
| | | | | | | | | | | | | | | | | | - | | - |
| 7. PAN : | | | | | | | | 8 | Pass | port l | No. | | | | | | | | |
| 9. E-mail address | <u> </u> | | | | | 1 | | | | | | | | | | <u> </u> | | <u> </u> | |
| 9: E-man address | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | T | T | 1 | | | | | | | | | |
| 10. Residential Address | Buil Area | | g Nan | ne/ N | lumb | er | | _ | | | | | | | | | | | |
| (If different from principle place of business) | | | oau ⁄/ Mai | rket | | | | | | | | | | | | | | | |
| <i>ousinessy</i> | | - | | | | | | | | | | | | | | | | | |
| | Pin (| | | umh | | | | _ | | | | | | 1 | | | | | |
| | Telephone Number Fax Number | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | | | | | | 1 | |
| 11. Permanent Address | Buil | ding | g Nan | ne/ N | lumb | er | | | | | | | | | | | | | |
| (If different from residential address) | ress) Area/ Road | | | | | | | 1 | 1 | | | | | | | | | | |
| (-, -, -, -, -, -, -, -, -, -, -, -, -, - | Loca | ality | / Mai | rket | | | | | | | | | | | | | | | |
| | Pin (| | | | | | | | | | | | | | | | | | |
| | | | ne Ni | | er | | | | | | | | | | | | |] | |
| | Fav | Mur | nher | | | | 1 | 1 | 1 | | | | | | | | | | |

| 12. Verificati I/We true and corre | - | best | of my/o | ur kno | wledg | ge an | d beli | | | | | | infor | mati | on gi | iven | herei | nabo | ove i | s |
|--|-----|------|---------|--------|-------|-------|--------|------|------|------|------|------|-------|------|-------|------|-------|------|-------|---|
| Signature of Full Name | | | 5 | rname, |) | | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | |
| Date | Day | / | Month | / 1 | | Y | ear | | | | | | | | | | | | | |

Department of Value Added Tax Government of NCT of Delhi

Form DVAT 07: Annexure II

Details of additions / closure / amendment in particulars of additional places of business (Please complete all details in full for all cases of additions, closures, amendments in particulars)

| 1. Full Name of Applicant Dealer | | | | | | | | | | | | | | | | | | | |
|--|--------------------|---------|--------|----------|----------|--------|-------|----------|-----------|------|------|------|---|------|--------|--------|-------------|----------|-------------|
| (For individuals, provide in order of first | | | | | | | | | | | | | | | | | - | + | - |
| name, middle name, surname) | | | | | | | | | | | _ | | | _ | | _ | _ | — | _ |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 2. Registration No. | | | | | | | | | | | | | | | | | Τ | Т | ٦ |
| *This field is applicable when applying for a | amendment | of reg | istrat | ion in . | Form | DVA | 07 | | | | | 1 | - | | | - | | | |
| | | | | | | | | | | | | | | | | | | | |
| 3. Details of Additional Places of Busin | iess | | | attack | ı addi | tional | sheet | s if re | auirea | d) | | Т | | | | | | | |
| | | | , | | | | | | 1 | / | | _ | | | | | | | |
| Type Godown / Warehous | | | г | | | | г | <u>ר</u> | C1 | | | | | 04 | 1 | | c1 · | | |
| Type Godown / Warehous Nature of change (tick ☑ as applicab) | | | | sure | | | | | Shop | | | | - | | | | f busi | ness | |
| • • • | | | l | | Addi | tion | | | | Ame | endm | lent | | | | | | | |
| Date of change (mm/dd/yy) | 5 | | ()) | | | 1 | | r – | 1 | 1 | 1 | | 1 | 1 | | 1 | | | |
| Address | Buildin Area/ R | | ne/ N | umbe | r | | | | | | | - | | | | | | | |
| | Locality | | ·k at | | | | | | | | | - | | | | | | <u> </u> | |
| | Pin Coc | | KCl | | | | | | | | | | | | | | 1 | i | |
| | Email I | | | | | | | | | | | | | | | | | | Τ |
| | Telepho | | umbe | r | | | | | | | | | | | | | | | |
| | Fax Nu | | | | | | | | | | | | | | | | | | |
| | Date of | establ | lishm | nent | | | | / | | | / | | | | | | | | |
| | | | | | | D | ay | | Mo | onth | | | Y | ear | | | | | |
| State local sales tax/V | | | | | | | | | | | | | | | | | | | |
| (if place of l | business is . | situate | d outs | side D | elhi) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Type Godown / Warehous | e | | Fac | tory | | | [| | Shop | | | | | Othe | er pla | ice of | f busi | ness | |
| Nature of change (tick ☑ as applicab | | | | | | | г | _ | | | | | | | | | | | |
| Date of change (mm/dd/yy) | | | CIC | sure | | | | | Addi | tion | | | | Ame | endm | ient | | | |
| Address | Buildin | g Nan | ne/ N | umbe | r | | 1 | | 1 | 1 | | | | | | 1 | | | Γ |
| 1 Iddi 000 | Area/ R | | 10/ 11 | unioe | <u> </u> | | | | | | | - | | | | | | | 1 |
| | Locality | | ket | | | | | | | | | | | | | | | | 1 |
| | le | | | | | | | | | | | | | | | | | | |
| | Email I | d | | | | | | | | | | | | | | | | | |
| | Telepho | one Nu | ımbe | r | | | | | | | | | | | | | | | |
| | Fax Nu | | | | | | | | | | | | | | | | | | |
| | Date of | establ | lishm | nent | | | | / | | | / | | | | | ļ | | | |
| ~ | | | | | | D | ay | | Mo | onth | | | Y | ear | | | | | - |
| State local sales tax/V (if place of l | | | | | | | | | | | | | | | | | | Ĺ | |

(if place of business is situated outside Delhi)

| Туре | Godown / Warehouse | Generation Factory | | (| | Shop | | | | | Oth | er pla | ace of | f bus | ness | |
|-------------------|---------------------------------|-----------------------------------|---|----|---|------|------|---|---|---|-----|--------|--------|-------|------|---|
| Nature of change | e (tick \square as applicable | e) 🖸 Closure | | Į | | Addi | tion | | | | Am | endn | nent | | | |
| Date of change (1 | mm/dd/yy) | | | | | | | | | | | | | | | |
| Address | | Building Name/ Number | | | | | | | | | | | | | | |
| | | Area/ Road | | | | | | | | | | | | | | |
| | | Locality/ Market | | | | | | | | | | | | | | |
| | | Pin Code | | | | | | | | | | | | | | |
| | | Email Id | | | | | | | | | | | | | | |
| | | Telephone Number | | | | | | | | | | | | | | |
| | | Fax Number | | | | | | | | | | | | | | |
| | | Date of establishment | | | / | | | / | | | | | | | | - |
| | - | | D | ay | | Mc | onth | | | Y | ear | | | | | |
| | State local sales tax/V. | AT/CST registration number | | | | | | | | | | | | | | |
| | (if place of bi | siness is situated outside Delhi) | | | | | | | • | • | | | | | | |

| Type Godown / Warehous | e 🗖 Factory | | [| | Shop | | | | Oth | er pla | ace of | f busi | ness | |
|--------------------------------------|-------------------------------------|---|----|---|------|------|---|---|-----|--------|--------|--------|------|---|
| Nature of change (tick ☑ as applicab | le) 🛛 Closure | | Ę | | Addi | tion | | | Am | endr | nent | | | |
| Date of change (mm/dd/yy) | | | | | | | | | | | | | | |
| Address | Building Name/ Number | | | | | | | | | | | | | |
| | Area/ Road | | | | | | | | | | | | | |
| | Locality/ Market | | | | | | | | | | | | | |
| | Pin Code | | | | | | | | | | | | | |
| | Email Id | | | | | | | | | | | | | |
| | Telephone Number | | | | | | | | | | | | | |
| | Fax Number | | | | | | | | | | | | | 1 |
| | Date of establishment | | | / | | | / | | | | | - | | |
| | | D | ay | | Mo | onth | | Y | ear | | 1 | | | |
| State local sales tax/V | /AT/CST registration number | | | | | | | | | | | | | |
| (if place of a | business is situated outside Delhi) | | | | | | | | | | | | | - |

| 4. Verification I/We | hereby solemnly affirm and declare that the information given hereinabove is ief and nothing has been concealed therefrom. |
|---|---|
| Signature of Authorised Signatory | |
| Full Name (first name, middle, surname) | |
| Designation | |
| | |
| Place | |

Day

/

/ / Month

Year

Form DVAT 07: Annexure III

Addition / Deletions / Amendments in Particulars of the authorised signatory

| Nature of change (tick ☑ as applicab Date of change (mm/dd/yy) | ole) | Addition | [| Deletion | | Amendment | |
|---|------------------|-------------------|-----------|------------------|-------------------|--------------------|---------------------------------------|
| Duce of enange (ning da yy) | | | | | | | |
| (In case of amendments of existin other fields should be left blank o (in case of addition of a new pers | or struck out. | | | 3 and thereafte | er only those fie | elds that are to b | e amended. All |
| · · · · · | * | * | | | | | |
| 1. Full Name of Applicant Dealer | | | | | | | |
| (For individuals, provide in order of first name, middle name, surname) | | | | | | | |
| | | | | | | | |
| 2. Registration No. | | | | | | | |
| *This field is applicable when applying for a | amendment of reg | gistration in For | m DVAT 07 | | | | |
| | | | 1 1 | | | | |
| 3. Name of Authorised Signatory | | | | | | | |
| (Provide in order of first name, middle name, surname) | | | | | | | |
| name, su name) | | | | | | | |
| | | | | | | | |
| 4. Date of birth / | / | | 5. Gei | nder (tick Ø one | e) 🔲 Male | e 🛛 I | Female |
| 6. Father's / Husband's name | | | | | | | |
| | Fir | st Name | Ν | fiddle Name | | Surname | |
| | | | | | | | |
| 7. PAN : | | | 8. | Passport No. | | | |
| | | | | | | | |
| 9. E-mail address | | | | | | | |
| | | | | | | | |
| 10. Residential Address | Building Nat | me/ Number | | | ттт | <u> </u> | |
| (If different from principle place of | Area/ Road | | | | | | |
| (1) all ferent from principle place of business) | Locality/ Ma | arket | | | | | |
| | Pin Code | | | | | | |
| | Telephone N | Jumber | | | | | |
| | Fax Number | | | | | | |
| | | | | | | | |
| 11. Permanent Address | Building Nat | me/ Number | | | | | |
| (If different from residential address) | Area/ Road | | | | | | |
| (1) aggerent from restaential address) | Locality/ Ma | arket | | | | | |
| | Pin Code | | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| | Telephone N | | | | | | |
| | Fax Number | | | | | | |

| 12. Declaration | |
|---|--|
| I/We | hereby solemnly affirm and declare that the person named above is |
| authorised to act as an authorised signatory for the | he above referred business for which application for registration is being filed/ is |
| registered under the Act. All his actions in relation | on to this business will be binding on us. |
| S.No. | |
| S.No. Full Name (First name, Middle Name, Surname) | |
| Designation | |
| Signature | |
| Signature | |
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| | |
| 13. Acceptance as an authorised signatory | |
| I | hereby solemnly accord my acceptance to act as authorised signatory for the above |
| referred business and all my acts shall be binding | g on the business. |
| Oissistant of Asthenia 10' (| |
| Signature of Authorised Signatory | |
| Full Name (first name, middle, surname) | |
| Designation | |
| Designation | |

| Place | | | | | | | | | | | | | | | | |
|-------|-----|---|----|-----|--|----|----|---|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | |
| Date | | | | | | | |] | | | | | | | | |
| | Day | y | Mo | nth | | Ye | ar | | | | | | | | | |

Department of Value Added Tax Government of NCT of Delhi

Form DVAT 07: Annexure IV

Calculation of Modified Security

| A. P | rescribed Security Amount | (Rs) | 1,00,000 |
|-------|---|------------------|-------------|
| B. R | eduction sought (Maximum reduction available Rs. 50,000) | Tick | Rebate (Rs) |
| | | applicable items | |
| 1 | Proof of ownership of principle place of business | | 30,000 |
| 2 | Proof of ownership of residential property by proprietor/ managing partner | | 20,000 |
| 3 | Copy of passport of proprietor/ managing partner | | 10,000 |
| 4 | Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department | | 10,000 |
| 5 | Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) | | 10,000 |
| 6 | Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) | | 5,000 |
| С. Т | otal Reductions Allowed (Total of B1 to B6 as applicable, subject to maximum of | f Rs.50,000) | |
| D. S | ecurity to be furnished | (A-C) | |
| E. Se | ecurity already furnished and valid as on date | | |
| F. A | dditional security (if any) to be furnished | (D-E) | |

| G. Additional Security | (a) Amount of Security | Rs. | | | | | | | |
|------------------------|----------------------------|-------|-----|---|---|-------|---|-----|---|
| | (b) Type of Security | | | | | | | | |
| | (c) Date of expiry of Secu | ırity | | / | | | / | | |
| | | | Day | | М | Ionth | | Yea | r |

| Verification I/We | | | | | | | | h | hereb | W SO | lemn | lvafi | firm | and | decla | re ti | nat tk | ne inf | orma | ation | give | n her | eina | how | ie |
|----------------------|------------|--------|----------|-------|-------|-------|------|---|-------|------|------|-------|------|-----|-------|-------|--------|--------|------|-------|------|---------|------|-----|------|
| true and corre | ect to the | best o | of my/o | ur kn | owled | dge a | nd b | | | | | | | | | | | | orma | | give | ii iici | cina | .00 | . 15 |
| Signature of | Authorise | ed Sig | gnatory | | | - | | | | | | | | | | | | | | | | | | | |
| Full Name (| first nam | e, mia | ddle, su | rnam | e) | - | | | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | / | | / | | | | | | | | | | | | | | | | | | | | | |
| | Day | | Mont | h | | | Year | | | | | | | | | | | | | | | | | | |

Instructions for filling Form DVAT 07: (For details please refer to Section 21 and Rule 15)

- 1. Please remember to fill in your registration number at all places provided
- Please note that the following supporting documents, if applicable, have to be submitted along with the amendment application:
 (i) Proof of change in the name of the business.
 - (ii) Proof of change in the principal/ other places of business.
 - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
 - (iv) Proof of change in constitution of the business.
- 3. Please note that this form has to be verified and signed by the following:
 - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
 - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
 - (iii) in the case of a company or local authority, by the principal officer thereof;
 - (iv) in the case of a firm, by any partner thereof, not being a minor;
 - (v) in the case of any other association, by any member of the association or persons;
 - (vi) in the case of a trust, by the trustee or any trustee; and
 - (vii) in the case of an other person, by some person competent to act on his behalf.
- 4. In case any Annexure is not applicable, please strike off the same and write 'Not Applicable' on the face of the said Annexure.