

Serial No

**Application for registration will not be accepted if the same is not complete in all respects and the required documents are not submitted along with the application**

**FORM 101**

(See rule 8)

*Application for Registration under section 16 of The Maharashtra Value Added Tax Act, 2002*

To

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I hereby apply for grant of registration certificate under section 16 of The Maharashtra Value Added Tax Act, 2002

1) Name of the Applicant (in block letters)

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2) Name and style of business (in block letters)

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3) Full address of the principal place of business

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Pin code					

a) Telephone No. (with STD code)

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b) Fax No (with STD code)

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c) Email Address

4) Occupancy status of the principal place of the business (Please tick the appropriate box)

<i>Owned</i>	<i>Rented</i>	<i>Leased</i>	<i>Rent free</i>
<i>Others (please specify)</i>			

5) Full address of the additional place(s) of business / Godown(s) / Warehouse(s)

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(If space is insufficient please attach separate statement)

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6) Constitution (Please tick the appropriate box)

<i>Proprietary</i>	<i>Partnership</i>	<i>Pvt. Ltd. Co.</i>	<i>Public Ltd. Co.</i>

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HUF	Co-operative Society	Others (please specify)
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7) Nature of business  
(Please tick the appropriate box)

Manufacturer	Wholeseller	Retailer	Importer
Exporter	Works Contractor	Restaurant	Leasing
Commission Agent	Others (please specify)		

7 a) Do you want to opt for composition in lieu of Sales Tax payable? (Yes / No)  
(If yes, please tick the appropriate box)  
(Please refer leaflet no. MVAT 106 for eligibility & details of Composition Scheme)

Retailer	Restaurant
Bakery	Second Hand Car Dealer

8) Main commodities dealt in

\_\_\_\_\_

9) Details of Bank Account

Sr.No.	Name of the Bank	Branch	Account Number

10) Income Tax PAN No

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11) Certificate under the Shop and Establishment Act, 1948 issued by Local / Municipal Body

Certificate Number \_\_\_\_\_  
With effect from \_\_\_\_\_

\_\_\_\_\_

12) Date of commencement of business:

\_\_\_\_\_

13) Language in which the books of accounts are kept  
(Please tick the appropriate box)

English	Marathi	Gujarati	Hindi	Others (Please Specify)

14) Whether the records are computerised?  
(Please tick the appropriate box)

Yes

No

15) Application for registration is made on account of (Please tick the appropriate box)	(a)	Voluntarily
	(b)	Opening additional place of business
	(c)	Change in the constitution
	(d)	Part transfer of business
	(e)	Full transfer of business
	(f)	Shifting of place of business
	(g)	Becoming liable to pay tax under the CST Act, 1956
	(h)	Exceeding the prescribed turnover limit
15 a)	Application for voluntary registration  Introduction by a registered dealer  a) Name of the dealer  b) Registration Certificate No. under MVAT Act, 2002 c) Signature  <b>OR</b>  Introduction by Sales Tax Practitioner duly listed under section 82 of the Act or a Chartered Accountant or a Cost Accountant or an Advocate a) Name of the agent  b) Membership No  c) Signature	
15 b)	Application for opening additional place of business • Full address of the additional place of business  • Date on which additional place of business has been opened	
15 c)	Change in the constitution	Change in the constitution from _____ to _____ with effect from _____
15 d)	Part transfer of business	Business transferred to M/s. _____ with effect from _____
15 e)	Full transfer of business	Business transferred to M/s. _____ with effect from _____
15 f)	Shifting of place of business	Place of business shifted to the address given below:  

15 g)	Becoming liable to pay tax under the CST Act, 1956	With effect from _____
15 h)	Exceeding the prescribed turnover limit	

The following are the sales and purchases effected from the commencement of business on the basis of which the application for RC has been made.

**Sales**

Date of sale	Name & address of the vendee	Bill No.	R.C.No.	Commodity	Amount (Rs.)

**Purchases**

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

(If the space is insufficient please attach a separate statement)

Turnover for the purpose of section 3 having exceeded the relevant limit during this year as an importer / other dealer, the particulars of which are furnished herein below:

- a). Value of taxable goods sold or purchased from 1<sup>st</sup> April \_\_\_\_\_ to \_\_\_\_\_ is Rs. \_\_\_\_\_
- b) Turnover of all sales of business from 1<sup>st</sup> April \_\_\_\_\_ to \_\_\_\_\_ is Rs. \_\_\_\_\_
- c) Value of any goods imported into the State of Maharashtra from 1<sup>st</sup> April \_\_\_\_\_ to \_\_\_\_\_ is Rs. \_\_\_\_\_
- d) Turnover of taxable goods purchased or sold during the year first exceeded Rs 10,000 on \_\_\_\_\_
- e) Turnover of all sales and value of purchases in respect of all places of business during the year first exceeded the limit applicable under section 3(4) of the Maharashtra Value Added Tax Act, 2002 on \_\_\_\_\_

16) A copy of my recent photograph is furnished with this application as required by sub rule (7) of rule 8.

17) The above statements are true to the best of my knowledge and belief

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Status and authority therefor \_\_\_\_\_

**Declaration by partners of the firm –**

We, the within signed, hereby declare that we are engaged in the business in partnership known as \_\_\_\_\_ at \_\_\_\_\_ and other places in the State of Maharashtra, and state that the statements contained in the application for the registration of the said partnership firm and this declaration are true to the best of our knowledge and belief.

<b>Sr.No</b>	<b>Full name of each Partner including father's name and surname</b>	<b>Permanent residential address</b>	<b>Extent of share in partnership</b>	<b>Name, Registration Number and address of all other businesses in which the partner has any share or interest</b>	<b>IT Permanent Account Number</b>	<b>Signature</b>

Place \_\_\_\_\_

Date \_\_\_\_\_

Name, age, permanent residential address, PAN number and signature of the Proprietor / Partner/ Director/ Members of Managing Committee/ all persons having any interest in the business(including the members of Hindu Undivided Family Business) (not to be filled in if the applicant is a body corporate or is a incorporated under any law or is a Department of Government)

Sr. No	Full Name	Age	Residential Address	IT Permanent Account No.	Signature

(If space is insufficient please attach separate statement)

**Documents to be furnished alongwith the application**

- 1) Copy of Partnership Deed, Memorandum and Articles of Association, as the case may be
- 2) Proof of permanent residential address
- 3) Antecedents of Proprietor/ Partners or Directors
- 4) Copy of ownership deed/rent receipts of place of business / place of residence, leave and licence agreement or consent letter if sub-tenant.
- 5) Copy of rationing card of Proprietor /Partners with photocopy of the first and last pages
- 6) Two latest passport size photographs of the Applicant\*.
- 7) Copy of certificate under Municipal Act , Factory Act , Shop and Establishment Act and other Licences as applicable.
- 8) Copy of Income Tax Order, if any, and a copy of PAN Card
- 9) Latest Returns/Chalans position in case of shifting of place of business and change in the constitution.
- 10) Required Court Fee Stamp for CST Registration Certificate application except for shifting
- 11) Challan in original in payment of registration fees
- 12) Requirement specific for registration on account of change in the constitution or transfer of business:--
  - a) Copy of Partnership Deed, Dissolution Deed, or Transfer Deed as the case may be
  - b) Latest Returns / Challans position
  - c) A copy of the last assessment order
  - d) No dues certificate from the dealer

\* Not applicable to the Director , Manager, Secretary , or Principal Officer or a person duly authorised to act on behalf of a Public Limited Company, Public Trust, Corporation, Local Authority or a Department of a Government.  
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**INSTRUCTIONS**

1. Please fill in all the details in the application and ensure that the required information and / or the required documents are attached along with the application. Please note that application for Registration will not be accepted if the same is not complete in all respects and the required documents are not submitted along with the application.
2. Filling in the details of PAN and bank current account number is mandatory for dealers making application for voluntary registration.
- 3) In address, the following details are to be included;  
Room/Flat No., Name of the building, Municipal No. of the Building, Road, Ward/ locality, village, Post Office, Taluka, District, Pin Code No.

**For Office use only**

Date of receipt of application

Application verified by

Issue of Registration Certificate approved by

Details of Registration Certificate:

- (i) Number \_\_\_\_\_  
(ii) Issue date \_\_\_\_\_  
(iii) Effect date \_\_\_\_\_

Date on which dealer has been called for photo attestation and collection of Registration Certificate

Officer before whom the dealer should appear

**Acknowledgment**

*Received an application from the applicant mentioned below in Form 101 for registration under section 16 of the Maharashtra Value Added Tax Act 2002*

Serial .No.	
Name of the Applicant	
Name and style of business	
Date of receipt of application	
Date on which dealer has been called for photo attestation and collection of Registration Certificate	
Name and Designation of the Officer before whom the dealer should appear	Name : _____ Designation :