

FORM 1(C)

(See sub-rule (1) of rule 12)

**APPLICATION FOR REGISTRATION OF A CASUAL DEALER UNDER THE
UTTARANCHAL VALUE ADDED TAX ACT, 2005.**

To,

The Assessing Authority, Commercial Tax

Sector _____ Circle _____

1-(a) Name of applicant: _____

(b) Father's /Husband's name: _____

(c) Residential address: _____

(d) Status in business : _____

2-(a) Name of dealer _____

(b) Constitution of business (a) Proprietorship (b) Partnership (c) HUF (d) Government Co.

(Tick one as applicable) (e) Public Ltd. Co. (f) Private Ltd. Co. (g) Government Corporation

(h) Public Sector Undertaking (i) Government Department /Society/Club/Trust (j) Others,

Please specify-----

3- Principal place of business :-----

in Uttaranchal with _____

complete address: Tel.Ph.No. _____ Fax _____ e-mail _____

4- Name and address of _____

Registered/Head office, _____

if situated outside _____

Uttaranchal with Sales. Registration No.(State) _____ (C.S.T.) _____

Tax Registration Nos. Tel.Ph.No. _____ Fax _____ e-mail _____ 5-

Name and address of all other places of business including depots and branches in

Uttaranchal:

Sl. No.	Address of business place	Name and complete address of owner of the premises	Telephone number	If rented premises	
				Amount of rent per month	Date from which taken on rent
1-					
2-					
3-					
4-					

6- Details of particulars of Proprietor/ Partners/ Members and Karta of Joint Hindu Family/ Trustee/ Receiver or Guardian of a minor or incapacitated person (as the case may be):

Sl No.	Name	Father's/Husband's name	Age	Permanent residential address	Signature
1					
2					
3					
4					

7-Period for which From -----To-----Registration is required:

8-Details of deposit of (a)Treasury challan No. -----Dated -----
 Registration fees Amount Rs.----- (Registration fees -----Late fee-----)
 (including late fee, if any) Name of Bank (with Branch)/ -----
 Treasury or Sub-Treasury -----

Passport size
 photograph of
 the applicant to
 be affixed

DECLARATION

I, -----(applicant) do hereby declare that the particulars furnished in this application are true and complete to the best of my knowledge and belief, and no material particular has been concealed.

Place : ----- Signature of the applicant -----

Name : -----

Dated:----- Status in business -----

(SEAL)

WITNESS:

Signature	(1)	-----	(2)	-----
Name:		-----		-----
Parentage:		-----		-----
Full address:		-----		-----
		-----		-----

Signature and details of the person who has attested signature and photograph of the applicant

Signature: -----
 Name: -----
 Status: -----

(SEAL)

Annexure I (Form I(C))

1-Name of the dealer _____
and address _____

2-Nature of business : _____ 3-

Description of goods in which business is carried on and the value of stock -in -hand at the time of commencement of business

Sl. No.	Broad category of goods		Stock of goods purchased within the State	Stock of goods purchased / received from outside the State
	Code No.	Commodity		
1-				
2-				
3-				
4-				
5-				
Total				

4- Tentative period of business : From _____ To _____

5- Estimated turnover of sale of goods Rs. _____

6- Estimated liability of tax for one month or such lesser period for which business is intended to be conducted: Rs. _____

7-Description of goods intended to be purchased or likely to be received from outside Uttaranchal: _____

8- Estimated number of Declaration _____
Forms required for import of goods from outside Uttaranchal:

Declaration

I, _____ being _____ (Status, i.e., Proprietor, Partner, Director etc .) of the business known as _____ do hereby declare and verify that, to the best of my knowledge and belief, the information and particulars given above are true and complete and nothing has been willfully omitted or wrongly stated.

Signature _____

Date _____

Name _____

Status _____