APPLICATION FOR VAT REGISTRATION

[See Rule 4(1)]

FORM VAT 100

Submit in duplicate

Use separate sheet where space is not sufficient.

To

The Commercial Tax Officer,

VAT Registering Authority,
_M. Gn. Road_Circle.



01. Name of the business to be regist	tered: BxC =	2=2==2	
102. Address of Place of business: 103. Occupancy Status: Owner of Place of business:	Door No: Locality District	Street Town/City	M/S. B & C ESTATES 5-4-187/3 & 4, IInd Floor, Soham Mansion, M.G.Road, SECUNDERABAD 500 003. A.R. L. COCCO. modifrogrey 6/6 es. com
03. Occupancy Status: Owned/Rente	d/Leased/Rent-free/Otl	ners	0 0
04. Name & Address of the Owner of business (Residential Address of the	Name: Date of Birth:		

04. Name & Address of the Owner of business (Residential Address of the Person responsible ie., Managing Partner/Managing Director for business).	Name: Date of Birth: Door No. Locality District Phone No Email:		-do -	
05. Status of business: (Mark " ✓ " where a	applicable)			
Sole Proprietorship Partnership Public Ltd Company Govt. Enterp	P	rivate Limited Co	0.,	
06. Nature of Principal business activities:	CONSTRUC	TION OF G	RESIDENTIAL C	COMPLEXE
		TRACT SE	The second secon	
08. Bank Account Details: Bank Name: Branch	& Code	Acc	ount No.	
1. HOFC S.O HOF	. Road 50042	004	223200046	20
3.				



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19. Income Tax Permanent Account Number: (PAN	T\
10. Address of additional places of business/ Branch	nes/Godovins
(including those outside A.P): Use form VAT 100 11. Particulars of owner/Partners/Directors etc.,: Use Form VAT 100P	_
Use Form VAT 100B	ENCLOSEP
12. Language in which books are written:	ENGILISH
	YES NO
14. Date of first taxable sale Date	Month Year
15. Turnovers of taxable sales of goods including zera) The last 3 months: Rs.b) The last 12 months: Rs.	o rate in:
16. Anticipated turnovers of taxable sales of goods in a) The next 3 months Rs. 3,00,000/b) The next 12 months Rs. 10,00,000/	
17. Anticipated Turnover of exempted sales of goods transactions in the next 12 months:	and
18. Are you applying for voluntary registration:	YES NO
19. Are you applying for registration as Start up Business:	YES NO
20. Indicate your GRN Number, if any: Have you applied for CST Registration	YES NO
21. Registration Number (if any Under Profession Tax	(Act:)
22. Do you expect your input tax to regularly exceed your output tax? If yes Why?	YES NO
23. Are you applying for registration in response to a notice by the Tax Officer?If yes, indicate the Notice number.	YES NO
24. Any other relevant information like are you availin	g Tax incentives ? If so write details
1.8	c white details.
Declaration:	
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Date of application	Signature with Stamp Partner