FORM - A

Application for Registration as a Dealer under Section 7(1) / 7(2) of the Central Sales Tax Act, 1956

(See Rule 3)

To

The Assistant/Deputy Commercial Tax Officer

Div	Cir	Unit	

I, SOHAM MODI (Name of applicant) son of SATISH MODI (Name of father)

on behalf of the dealer carrying on the business know as

SERENE CONSTRUCTIONS LLP (Name of business) BUILDER **(Style/Nature of business)

within the state of ANDHRA PRADESH hereby apply for a certificate of registration under section 7(1)/ 7(2) of the Central Sales Tax Act, 1956 and give following particulars for this purpose.

1. Name of the person deemed to be the manager in relation to the business of the dealer in the said state

SOHAM MODI

2. Status of the applicant (Tick whichever is applicable) 1. Manager ✓ 2. Partner 3. Proprietor 4. Director 5. Officer-in-charge of the Government business

3. Name and full postal address of the principal place of business in the said State :

Name : SERENE CONSTRUCTIONS LLP

Address : 5-4-187/3&4

Building Name : SOHAM MANSION Building Number : II FLOOR

Ward Name : ..... Ward Number : .....

Street/Road : M.G. ROAD

Village/Town : SECUNDERABAD

District : R.R. STATE : TELANGANA

Pincode : 5 0 0 0 0 3

** Nature of business may be --

1. Partnership
2. Private Ltd.
3. Public Ltd.
4. Society
5. Trust
6. Club
7. Association
8. Govt. Company
9. Hindu undivided family
10. Works contract
11. Hotels

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4. Name(s) and address(es) of the other places of business in the said state. (if the space in this column is found to be insufficient, additional sheets, may be used and duly signed.)

Name : .....

Address : .....

Building Name : ..... Building Number .....

Ward Name : ..... Ward Number .....

Street/Road : ..... NA

Village/Town : .....

District : ..... STATE .....

Pincode : | | | | | | |

Page number(s) of additional sheet(s) used : .....

5. Complete list of godowns in which the goods relating to the business are stored and address of every such godown. (Attach additional sheet if required).

Name : .....

Address : .....

Building Name : ..... Building Number .....

Ward Name : ..... Ward Number .....

Street/Road : ..... NA

Village/Town : .....

District : ..... STATE .....

Pincode : | | | | | | |

Page number(s) of additional sheet(s) used : .....

6. Name(s) and address(es) of the other places of business in each of the other states. (Attach additional sheets, if required).

Name : .....

Address : .....

Building Name : ..... Building Number .....

Ward Name : ..... NA Ward Number .....

Street/Road : .....

Village/Town : .....

District : ..... STATE .....

Pincode : | | | | | | |

Page number(s) of additional sheet(s) used : .....

7. The business is

Wholly				
Mainly				
Partly				

Specify whether business is wholly agriculture, mining, manufacturing, Leasing, wholesale distribution, retail distribution, Contracting or catering etc., or any combination of two or more of them.

8. Particulars relating to registration, licence, permission etc., issued under any law for the time being in force, of the dealer.

	Div	Cir	Unit	Number
APGST				

9. Name and address of the Chamber of Commerce, Trade Association or Commercial body of which the dealer is a member.

Name :

Address :

10. The language in which the accounts are kept and maintained ..... : ENGLISH

11. Name(s) and address(es) of the proprietor, partners, members, all persons having any interest in the business (Additional sheets with the following columns shall be used, for each partner/Director if necessary).

a) Serial number : ONE

b) Name in full of each person : SOHAM MODI

c) Name of father of each person : SATISH MODI

d) Age of each person : 26

e) Extent of interest of each person in the business : DESIGNATED PARTNER

f) Present address of each person : Plot No. 280, Road No. 25
Jubilee Hills
Hyderabad – 33

g) Permanent address of each person : SAME AS ABOVE

h) Signature of each person : SM .....

i) Name, address and signature of witness attesting signature and identifying the proprietor/ partners at Sl.No. 11(h)

Partners

Sl.No. 1	NAME 2	Signature 3
1)	SOHAM MODI	SM
2)	ABHINAY	
3)	Kalyan chakravarthy	
4)	Balaram Reddy	

Attestation by Witness (Registered dealer)

NAME 4	Address 5	R.C. Number 6	Signature 7
GREEN WOOD ESTATES	5-4-187/3&4 Soham Mansion M.G. Road-Sec-3	363893 17452	
MEHTA & MODI HOMES	-do-	368402 9894	

12. Date of commencement of business : DD 13 MM 07 YY 2015

13. The first sale in the course of Inter-state trade was effected on : DD 05 MM 09 YY 2015

14. The accounting year followed by the dealer for the purposes of Income-Tax Act : From APR To MAR

(State month or festival)

15. We make up our accounts of sales at the end of (Tick whichever is applicable) : 1. ✓ Every month 2. Quarter 3. Half year 4. Year

16. Details of goods ordinarily purchased by the dealer in interstate trade:
(Attach additional sheets if required)

a) For resale.

	Commodity description	Code		Commodity description	Code
1	ENCLOSED		3		
2			4		

Page number(s) of additional sheet(s) used : .....

b) Use in manufacture of goods or processing of goods for sale

	Commodity description	Code		Commodity description	Code
1			3		
2			4		

Page number(s) of additional sheet(s) used : .....

c) Use in the mining/use in the generation or distribution of electricity/use in packing of goods for sale/resale (Tick whichever is applicable)

	Commodity description	Code		Commodity description	Code
1			3		
2			4		

Page number(s) of additional sheet(s) used : .....

17. Name of goods manufactured by the dealer --
(Attach additional sheets if required)

	Commodity description	Code		Commodity description	Code
1			3		
2			4		

Page number(s) of additional sheet(s) used : .....

DECLARATION

I, SOHAM MODI ..... son/daughter/wife of SATISH MODI ..... declare that to the best of my knowledge and belief, the information in this application given above is true and correct.

Place :

Date :

Name, address and signature of the person signing with the status and relationship to the dealer.

(Here state whether Manager, Partner, Proprietor, Director, Officer-in-charge of the Government business.)

(FOR OFFICIAL USE BY THE REGISTERING AUTHORITY)

1. Date of receipt of application : .....

2. Nature of order passed by the Registering Authority in the application. : .....

3. Registration certificate number and date of issue (APGST) :

Div	Cir	Unit	Number
Date			

DD MM YY

4. Registration certificate number and date of issue (CST) :

Div	Cir	Unit	Number
Date			

DD MM YY

5. No. of branches : .....

6. No. of godowns : .....

7. No. of partners : .....

8. No. of commodities : .....

9. Old R.C. No. APGST : .....

10. Old R.C. No. CST : .....

SIGNATURE OF THE REGISTERING AUTHORITY

NOTE: 1. On every additional sheet of paper used, indicate the Registration Certificate number with division, circle and Unit number. Also indicate the serial number of the information to which it pertains.

2. Write the page number of each additional sheet attached to this form starting from page number 7.

3. Total number of pages enclosed .....