APPLICATION FOR VAT REGISTRATION

[See Rule 4 (1)]

FORM VAT 100

Submit in duplicate
Read instructions on the reverse before completing this form
Use separate sheet where space is not sufficient.

To
The Commercial Tax Officer,
VAT Registering Authority,
M.G. Road Circle.

01. Name of the business to be registered: SUMMIT BUILDERS		
02. Address of Place of business:	Door No: Locality District Phone No: Email:	Street Town/City Pin Code Fax No: Website/URL:
03. Occupancy Status: Owned/Rented/Leased/Rent-free/Others		
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:	 Street Town/City Pin Code Fax No.

05. Status of business: (Mark " ✔ " where applicable)

Sole Proprietorship		Partnership	✔	Private Limited Co.,	
Public Limited Company		Govt. Enterprise		Others (Specify)	

06. Nature of Principal business activities: CONSTRUCTION

07. Principal Commodities traded:

08. Bank Account Details:

	Bank Name :	Branch & Code	Account No.
1.	HDFC Bank Ltd.	Paradise.	04270000173115
2.			
3.			

09. Income Tax Permanent Account Number: (PAN)				
10. Address of additional places of business/ Branches/Godowns (including those outside A.P): Use form VAT 100A				
11. Particulars of owner/Partners/Directors etc.,: Use Form VAT 100B				
12. Language in which books are written:	ENGLISH			
13. Are your accounts computerized:	YES	✓	NO	
14. Date of first taxable sale	Date	Month	Year	
15. Turnovers of taxable sales of goods including zero rate in: a) The last 3 months: Rs. b) The last 12 months: Rs.	NIL			
16. Anticipated turnovers of taxable sales of goods including zero rate in: a) The next 3 months Rs. b) The next 12 months Rs.	20,000/- 1,00,000/-			
17. Anticipated Turnover of exempted sales of goods and transactions in the next 12 months:	—			
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 anyUnder 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 availing Tax incentives ? If so write details.				

Declaration:

I_____S/o_____Status_____
of the above enterprise hereby declare that the particulars given are correct and true to the best of my knowledge and belief. I undertake to notify immediately to the registering authority in the Commercial Taxes Department of change in any of the above particulars.

Date of application.

For SUMMIT BUILDERS
Signature with Stamp
Partner

FOR OFFICE USE ONLY

25. Date of receipt of application	
26. Activity/Commodity Code	
27. Exempt Indicator	
28. Voluntary Registration Indicator	
29. Startup Business Indicator	
30. CST Indicator	
31. Refund Indicator	
32. Works contract Indicator.	
33. Suo moto Registration Indicator	
34. Special Rates – Schedule – VI goods Indicator	
35.Tax Incentives Indicator	
36. Date of issue of Registration Certificate	
37. Effective date of Registration	
38. Date of refusal of Registration	
39. Taxpayer Identification Number (TIN):	

Processing Authority
Name
Designation

Registering Authority
Name
Designation

DETAILS OF ADDITIONAL PLACES OF BUSINESS /BRANCHES /GODOWNS IN ANDHRA PRADESH

FORM VAT 100A

Name of the business : M/s. SUMMIT BUILDERS

01 Address Sy.NT. 290, IDA Cherlapally.

Pin Code

Telephone 55908777. 27260466.

Signature _____

Date _____

02 Address _____

Pin Code

Telephone

Signature _____

Date _____

03 Address _____

Pin Code

Telephone

Signature _____

Date _____

Note:- Please see overleaf to fill in the details for Addresses of Branch/Godowns located outside Andhra Pradesh.

ADDRESSES OF BRANCHES/GODOWNS LOCATED OUTSIDE ANDHA PRADESH

01 State _____

Address _____

_____

_____

Pin Code Telephone

R.C. Number under State Act:

R.C. Number under C.S.T. Act:

Signature_____ Date _____

02 State _____

Address _____

_____

_____

Pin Code Telephone

R.C. Number under State Act:

R.C. Number under C.S.T. Act:

Signature_____ Date _____

03 State _____

Address _____

_____

_____

Pin Code Telephone

R.C. Number under State Act:

R.C. Number under C.S.T. Act:

Signature_____ Date _____

PARTICULARS OF PARTNERS /DIRECTORS/ PERSONS RESPONSIBLE (AUTHORISED) FOR THE BUSINESS

FORM VAT 100B

Name of the Business :

1) Fill in the details for each Partner/Director/Responsible Person separately in the boxes provided for. Please use BLOCK LETTERS and write clearly.
2) Strike off Partners/Directors/Responsible Persons whichever is not applicable.

PARTNERS/DIRECTORS/ PERSONS RESPONSIBLE DETAILS

1. Full Name	GAURANG MODY
2. Father's/Husband's Name	JAYANTHLAL MODY
3. Date of Birth.	
4.Extent of interest in business (Partnership firm) / Official Designation and date of joining in the present capacity (in case of Directors in Limited Companies)/ Status & function of Person Responsible (Authorised) for the business.	Partner
5. Other business interests in the State (Please specify)	—
6. Other business interests outside the State (Pl. specify)	—
7. Present Residential Address: Telephone No: e-mail:	PLOT NO. 105 Sapphire Apartments Chikoti Gardens, Begumpet Hyd
8.Permanent Address: Telephone No	- DO -
9. Income Tax Permanent Account Number (PAN)	AIZPM 3748A

For SUMMIT BUILDERS

Date:

Signature & Status
Partner

29 January 2005

FORM VAT 150A

DECLARATION OF TURNOVER FOR YEAR 2004. (VAT DEALER).

01	TIN												

02. Name: M/S. SUMMIT BUILDERS

Address: 5-4-187/3&4, 3rd floor, Soham Mansion, Secunderabad-3.

03. Tax Office Address:
THE C.T.O.
M.G. Road, Circle
Begumpet Div,
Secunderabad.

I declare that my total turnover for the twelve months period ending 31st December 2004 was Rs. NIL (Rupees —).

The changes in the Form VAT 100 given earlier are as follows:

Name of the Business: M/S. SUMMIT BUILDERS.

Address (including branches if any): —

Any other information: — AS above —

I, GAURANG MODY S/o / W/o JAYANTHI LALMODY being (title) : PARTNER of the above enterprise do hereby declare that this information is true and correct.

Date of Declaration:

Date	Month	Year

For SUMMIT BUILDERS
Signature & Stamp.
Partner

In case of any difficulty in filling in these forms or doubt contact :

Office of the
Dy. COMMISSIONER (CT)
BEGUMPET DIVISION,
NO. 6-3-789, PAVANI PRESTIGE
6TH FLOOR, UPSTAIRS, R.S. BROS
AMEERPET, HYDERABAD.