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,
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/Le	ased/Rent-free/Othe	ers /
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 " ✓ " when	re applicable)	
Sole Proprietorship Public Limited Company	Partnership Govt. Enterprise	Private Limited Co., Others (Specify)
06. Nature of Principal business activities:	TONST	RUETION
07. Principal Commodities traded:		*
08. Bank Account Details: Bank Name: 1. HDPe Ball.	Branch & Coo	de <u>Account No</u> .
3.		0422000017

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	e		
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.			
16. Anticipated turnovers of taxable sales of goods including zero rate in: a) The next 3 months Rs. b) The next 12 months Rs.			
17. Anticipated Turnover of exempted sales of goods and transactions in the next 12 months:			
18. Are you applying for voluntary registration: YES N	0		
19. Are you applying for registration as YES No	0		
Start up Business:			
20. Indicate your GRN Number, if any: Have you applied for CST Registration YES No	0		
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	o 🔽		
23. Are you applying for registration in response to a notice by the Tax Officer? YES NO	0		
If yes, indicate the Notice number.			
24. Any other relevant information like are you availing Tax incentives? If so wi	rite details.		
Declaration:			
IS/oStatus of the above enterprise hereby declare that the particulars given are correct and tr			
of the above enterprise hereby declare that the particulars given are correct and tr knowledge and belief. I undertake to notify immediately to the registering authorit Taxes Department of change in any of the above particulars.	rue to the best of my ry in the Commercial		
Per St	ignature with Stamp		

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: MS. SUMMIT BUILDERS

01 Address SyN	r. 290	IDA Cherlapelly.
<u>.</u>		
Pin Code		Telephone 27260466.
Signature		Date
02 Address		
		\wedge
		//
Pin Code		Telephone
Signature		
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

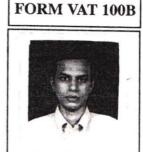
01 State		/
Address	/	/
Pin Code .		Telephone
R.C. Number under State Act: R.C. Number under C.S.T. Act:	/	
Signature		Date
		Λ
02 State	/	
Address	/	
Pin Code		Telephone
R.C. Number under State Act:		
R.C. Number under C.S.T. Act:		
Signature		Date
		Λ
03 State		
Address		
Pin Code		Telephone
R.C. Number under State Act:		
R.C. Number under C.S.T. Act:		
Signature		Date

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

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	TAYATHLAL 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 NV. 105 Sapphire Apartments Chikoti Bandens, Regi	unp e
8.Permanent Address: Telephone No	- 80-	My
9. Income Tax Permanent Account Number (PAN)	ALZPY 3748A	

Date:

For SUMMIT BUILDERS
Signature & Status

FORM VAT 150A

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

01 TIN
02. Name: MC. SUMMIT BUILDERS Address: S-4-187/374, 3rd floor, Sohom Mansion, See bad-3.
03. Tax Office Address: THE C. T.O. H. G. Rrad; - Ellele Rejenget Dev, Lee Lord.
I declare that my total turnover for the twelve months period ending 31st December 2004 was Rs. (Rupees).
The changes in the Form VAT 100 given earlier are as follows: Name of the Business: Address (including branches if any):
Any other information: Any other information: A S Alve =
I, GAURANG MODY S/O/W/O JAYANTHI LALMODY being (title) : PARTWER of the above enterprise do
hereby declare that this information is true and correct.
Date of Declaration:
Date Month Year
In case of any difficulty in filling in these forms or doubt contact: Offfice of the Dy. COMMISSIONER (CT)

BEGUMPET DIVISION,

NO. 6-3-789, PAVANI PRESTIGE 6TH FLOOR, UPSTAIRS, R.S. BROS

AMEERPET, HYDERABAD.