

## Form WA-01

Application for Approval of Warehouse under Arunachal Goods Tax Act, 2005

(See Rule 22 of the Arunachal Goods Tax Rules, 2005)

### Checklist of Supporting Documents

**Please tick as applicable**

#### **Mandatory Supporting Documents**

- ☐ Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same)
- ☐ Proof of incorporation of the applicant business i.e. Copy of deed of constitution (partnership deed (if any), certificate of registration under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory
- ☐ Proof of identity of authorised signatory signing the Approval Application Form
- ☐ STA Permit for carriage of Goods in Arunachal Pradesh
- ☐ Proof of Turnover. (Latest copy of Bank Statement/ Passbook).
- ☐ Two self addressed envelopes (Without stamps)
- ☐ Proof of Security

#### **Optional Supporting Documents (For reduction in Security Amount)**

- ☐ Proof of ownership of principal place of business
- ☐ Proof of ownership of residential property by proprietor/ managing partner
- ☐ Copy of passport of proprietor/ managing partner
- ☐ Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department
- ☐ Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the Approval form)
- ☐ Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the Approval form)

#### **Reasons for Rejection (For Office Use Only)**

**Please tick as applicable**

- ☐ Not attached Mandatory Support Document(s) \_\_\_\_\_
- ☐ Other \_\_\_\_\_

#### **Instructions for filling Approval Form ( WA-01)**

1. Please fill in all the details in CAPITAL letters.
2. Please note that you obtain Approval as 'Approved Warehouse' if you:
  - (i) had turnover of more than Rupees 5 lacs in the preceding financial year; or
  - (ii) exceed turnover of Rupees 5 lacs in the current year;
3. For field 7, if the business does not have a PAN, then please mark 'Applied for' or 'N/A' as applicable.
4. In case any of these details change, the Warehouse is required to intimate the department of the amendments within one month of the change.
5. The form has to be filled and signed by the authorised signatory of the business.
6. Approved Warehouses are expected to file 'Exception Return', that is, whenever a situation of Penalty Arises on account of not meeting the obligations prescribed in Section 26(6), and a penalty under Section 87(21) or 87 (20) becomes due, the Exception Return is to be filed within seven days of the cause of action.
7. The application should be verified and signed by the following:
  - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
  - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
  - (iii) in the case of a company or local authority, by the principal officer thereof;
  - (iv) in the case of a firm, by any partner thereof, not being a minor;
  - (v) in the case of any other association, by any member of the association or persons;
  - (vi) in the case of a trust, by the trustee or any trustee; and
  - (vii) in the case of any other person, by some person competent to act on his behalf.
8. Every sheet filled in the Annexures has to be signed by the same person (authorised signatory) who has signed the Approval application.
9. In case any of the Annexures are not applicable, please strike off the same and write 'Not Applicable'.

#### **Method of Calculating Security Amount**

| Prescribed Amount (Rs)                                 |   | 50,000      |
|--|---|-------------|
| Reduction sought (Max reduction available Rs - 50,000) |   | Rebate (Rs) |
| 1  | Proof of ownership of principal place of business   | 10,000      |
| 2  | Proof of ownership of residential property by proprietor/ managing partner  | 5,000       |
| 3  | Copy of passport of proprietor/ managing partner  | 5,000       |
| 4  | Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department  | 10,000      |
| 5  | Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form) | 2,500       |
| 6  | Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)   | 2,500       |
| 7  | Trading License issued by competent authority   | 5,000       |

1. Full Name of Applicant Warehouse

|  |   |  |   |
|--|---|--|---|
| 2. Business Name   |   |  |   |
| 3. Are you registered under AP Goods Tax Act?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |   |
| If Yes, Mention Registration No  |   | Reg. No  |   |
| 4. Constitution of Business<br><i>Tick one</i>   | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Private Ltd. Company  | <input type="checkbox"/> Public Sector Undertaking        |
|  | <input type="checkbox"/> Partnership    | <input type="checkbox"/> Government Company  | <input type="checkbox"/> Government Corporation           |
|  | <input type="checkbox"/> HUF            | <input type="checkbox"/> Public Ltd. Company   | <input type="checkbox"/> Govt Deptt/ Society/ Club/ Trust |
|  | <input type="checkbox"/> Leasing        | <input type="checkbox"/> Others, please specify  |   |
| 5. Annual Turnover Category  |   | <input type="checkbox"/> Less than Rs 5 lacs <input type="checkbox"/> Rs 5 lacs or above |   |
| (a) Turnover in preceding financial year   |   | Rs. _____  |   |
| (b) Turnover in the current financial year   |   | Rs. _____  |   |
| 6. Date from which Approval under Arunachal Pradesh Goods Tax Act, 2005 required   |   | ____ / ____ / ____<br>DD / MM / YYYY   |   |
| 7. Permanent Account Number of the applicant Warehouse (PAN)   |   |  |   |
| 8. Principal Bank Account  |   | Account No _____   |   |
|  |   | Name of the Bank _____   |   |
|  |   | MICR No _____  |   |
|  |   | Address of Bank _____  |   |
| 9. Principal Place of Business   | Building Name/ Market Name _____        |  |   |
|  | Town/ Village _____                     |  |   |
|  | District _____                          |  |   |
|  | Pin Code _____                          |  |   |
|  | Email Id _____                          |  |   |
|  | Telephone Number(s) _____               |  |   |
|  | Fax Number(s) _____                     |  |   |
| 10. Address for service of notice<br><i>If different from principal place of business</i>  | Building Name/ Market Name _____        |  |   |
|  | Town/ Village _____                     |  |   |
|  | District _____                          |  |   |
|  | Pin Code _____                          |  |   |
|  | Email Id _____                          |  |   |
|  | Telephone Number(s) _____               |  |   |
|  | Fax Number(s) _____                     |  |   |
| 11. Amount of Security Furnished   | In Numerals Rs _____                    |  |   |
|  | In Words Rs _____                       |  |   |
| 12. Date of expiry of Security   |   |  |   |
| Verification<br>I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.<br>Signature of Authorised Signatory _____<br>Designation _____ Name _____<br>Place _____ Date _____ |   |  |   |

**Form WA-01: Annexure I**

Particulars of proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, Clubs etc.

Passport sized  
(signed)  
photograph

|  |  |   |  |
|--|--|---|--|
| 1. Full Name of Applicant Warehouse  |  |   |  |
| 2. Trade Name  |  |   |  |
| 3. Full Name of the persons having interest in the business  | First Name                             |   |  |
|  | Middle Name                            |   |  |
|  | Last Name                              |   |  |
| 4. Father's / Husband's Full Name  |  |   |  |
| 5. Date of Birth   |  | <div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div></div> <div></div> </div> DD / MM / YYYY |  |
| 6. Gender (Tick one)   |  | <input type="checkbox"/> Male <input type="checkbox"/> Female   |  |
| 7. Present Residential Address   | Building Name/ Market Name             |   |  |
|  | Town/ Village                          |   |  |
|  | District                               |   |  |
|  | Pin Code                               |   |  |
|  | Email Id                               |   |  |
|  | Telephone Number(s)                    |   |  |
| 8. Permanent Address   | Building Name/ Market Name             |   |  |
|  | Town/ Village                          |   |  |
|  | District                               |   |  |
|  | Pin Code                               |   |  |
|  | Email Id                               |   |  |
|  | Telephone Number(s)                    |   |  |
| 9. Extent of interest in business (%)  |  |   |  |
| 10. Particulars of interest in any other business(es) in India, if any.  | Name and particulars of other business | Complete Address of other business  | RC Number  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| 11. Particulars of all immovable property owned by or in which the person has any interest.  | Description of property                | Full address of the property  | Nature and extent of interest held in the property |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| 12. Verification   |  |   |  |
| I/We _____ hereby solemnly affirm and declare that the information given in this annexure is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. |  |   |  |
| Date   | Name                                   | Designation   | Signature  |
| Name of Business _____   |  |   |  |

**Instructions for filling Approval Form (Annexure I)**

1. In case of partnerships, Annexure I to be filled and signed by the managing partner plus top 4 other partners.
2. In case of companies, Annexure I to be filled and signed by the company secretary, the managing director and 3 other directors.
3. If required, make additional copies of the Annexure and attach with application form for Approval ( WA-01).
4. An amendment would be required each time a person changes (and not when the details of an existing person change)
5. In case of minors, the specimen signature of guardian/ trustee should be furnished.

**Form WA-01: Annexure II**

## Particulars of authorised signatory

|   |  |   |   |   |
|---|--|---|---|---|
| 1. Full Name of Applicant   |  |   |   |   |
| 2. Trade Name   |  |   |   |   |
| 3. Place of business with address   |  |   |   |   |
| 4. Full name of the authorised signatory  |  |   |   |   |
| 5. Designation  |  |   |   |   |
| 6. Permanent Address  | Building Name/ Market Name                               |   |   |   |
|   | Town/ Village  |   |   |   |
|   | District   |   |   |   |
|   | Pin Code   |   |   |   |
|   | Email Id   |   |   |   |
|   | Telephone Number(s)                                      |   |   |   |
| 7. Date from which authorised to act as an authorised signatory   | ____ ____ / ____ ____ / ____ ____ ____<br>DD / MM / YYYY |   |   |   |
| 8. Declaration<br>I/We _____ hereby solemnly affirm and declare that the person named above is authorised to act as an authorised signatory for the above referred business for which application for registration is being filed/ is registered under the Arunachal Pradesh Goods Tax Act, 2005. All his actions in relation to this business will be binding on us. |  |   |   |   |
| SIGNATORIES   |  |   |   |   |
|   | 1  | 2 | 3 | 4 |
| Signature(s) of the Partners/<br>Directors/ Proprietor of<br>business   |  |   |   |   |
| Name  |  |   |   |   |
| Designation   |  |   |   |   |
| Place   |  |   |   |   |
| Date  |  |   |   |   |

**Acceptance as an authorised signatory**

I, accept to act as an authorised signatory for the above referred business.

|             |      |  |
|-------------|------|--|
| Signature   |      |  |
| Designation |      |  |
| Place       | Date |  |

Extra set of photographs and specimen signature of each person having interest in business

|  |
|--|
| Passport sized<br>(signed)<br>photograph |
|--|

|  |
|--|
| Passport sized<br>(signed)<br>photograph |
|--|

|  |
|--|
| Passport sized<br>(signed)<br>photograph |
|--|

Signature

Signature

Signature

Name

Name

Name

**Instructions:**

1. In case of Annexure II, it is to be filled and signed by the person whose details are given in the Annexure.