

“FORM VAT-CD1
(See rule 49A (5))
Application for opting Lump Sum Composition Scheme in
respect of Developers under rule 49A of the
Haryana Value Added Tax Rules, 2003.

To

The Assessing Authority,
Ward/Circle No.

Date: _____

Serial Number	Original/Duplicate copy of application.	
1	Name of the Dealer	
	PAN	
	Mobile/Telephone No.	
	E-mail id	
	SCO/Booth/ Shop/ Building/ Flat/ Floor No.	
	Building Name /Mohalla/Colony/ Market Place/Street/Lane	
	Sector/Area	
	City/Town/Village	
	Post Office	
	District	
	Pin code	
	State	
2	TIN	
	Date of Liability of TIN	
	Date of Validity of TIN	

3					
A.	Details of goods purchased from within the State of Haryana on which Input Tax Credit is claimed and lying in the opening stock. See Rule 49 A(2) (i)				
Serial Number	Goods liable to VAT at different rates i.e. @ (%)	Purchase Value of goods on which VAT has been paid	Input Tax claimed (in Rs.)	Additional Tax claimed, if any.	Total Input Tax Claimed
1	2	3	4	5	6
1	@ 5% (declared goods)				
2	@ 5% (other than declared goods)				
3	@ 12.5% (non scheduled goods)				
4	@				
5					
	Total				

B. Goods purchased/received from outside the State of Haryana and lying in the opening stock. See Rule 49 A(2) (ii)

Serial Number	Goods liable to VAT at different rates i.e. @ (%)	Purchase/Receipt Turnover	VAT Payable @ 4% (in Rs.)	Additional Tax Payable	Total
1	2	3	4	5	6
1	@ 5% (declared goods)				
2	@ 5% (other than declared goods)				
3	@ 12.5% (non scheduled goods)				
4	@				
5					
	Total				

4	Details of Tax deposited as per Column 6 of Sr. No. 3(B)						
Serial Number	Name of treasury where tax deposited or Bank on which DD/Pay order drawn or office from where RAO issued TDS	Treasury receipt (TR)/DD/PP/RAO				For office use	
		Type of Instrument	No.	Date	Amount	DCR No.	Date
(i)							
(ii)							
(iii)							

Verification:

I, _____ (give full name) son/daughter of _____ (give name of the father), resident of _____ (give complete residential address), hereby declare in the capacity of _____ (proprietor/partner/managing director/duly authorized signatory) of M/s _____ (give full name of the business entity/dealer), having its business address at _____ (give complete address of the dealer). I do hereby submit application to opt for the Lump Sum Composition Scheme in respect of developers under Rule 49A of the HVAT Rule, 2013.

Place: _____
Date: _____

Signature
(Name of the dealer/authorised signatory)
Also affix Seal and stamp of the dealer

ACKNOWLEDGEMENT

The undersigned acknowledge having received the original of this application for opting lump sum composition scheme from M/s. _____ having TIN: _____ on the date mentioned below:

- (1) Date of receipt of return: _____
- (2) Signature with stamp of name and designation of _____ receiving
officer: _____ ”