

THE WEST BENGAL VALUE ADDED TAX RULES, 2005

FORM - 1CR Application for Composition Registration [See sub-rule (1) of rule 5]

Self attested
photograph of
the signatory

[Please see Instructions before filling up the Application]

01. Name of the Applicant [in BLOCK LETTERS]:

First Name																			
Middle Name																			
Surname																			

02. Sex: Male / Female

03. Father's Name / Husband's Name[in BLOCK LETTERS]:

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04. Trade Name[in BLOCK LETTERS]:

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05. Address of the Principal place of business[in BLOCK LETTERS]:

Room/Flat No.																			
Premises No. & Street																			
City/Town																			
District																			
Pin Code																			
Municipal / Local body																			

06.(a) Mobile no.
(Mandatory)

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(b) e-mail id

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07. Bank Account details[in BLOCK LETTERS]:

Bank Name	Bank Address	Branch	A/c No.	Type of A/c

08. Occupancy Status :

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09. Status of the business :

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10. If partnership, number of partners:

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11. Nature of goods resold[in BLOCK LETTERS] :

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12. Contact details of Proprietor/Partners /Karta etc[in BLOCK LETTERS] :

Name																				
Residential address																				
Phone																				
e-mail																				

PAN											
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Name																				
Residential address																				
Phone																				
e-mail																				

PAN											
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(Please use separate sheet if the space is inadequate)

13. Turnover of sales (Gross) of previous year : Rs.

14. Details of amount paid in terms of rule 38(3A):

Amount	Challan No.	Payment Date	Bank Name	Branch Name

I,.....,do hereby declare that I opt to pay tax under composition scheme the above statements are true to the best of my knowledge and belief .

Signature.....

Date.....

Status

*(Proprietor/Partner/Karta etc)

**Please use separate sheet wherever space is inadequate.*

If submitted through Vat Return Preparer

Name of Vat Return Preparer [in BLOCK LETTERS] :																	
VRP No.																	
Signature of Vat Return Preparer																	
Date [DDMMYYYY]																	

Information for filling up the application for registration application form.

01. Fill in the boxes with the appropriate code (given below) that identifies the **occupancy status**:

Owned - 01	Rented - 02	Leased - 03	Rent-free - 04	Others - 05
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02. Please enter the two digit code that identifies the **status of the business** from the selection below:

Proprietary - 01	Unregistered Partnership - 02	Registered Partnership - 03	Hindu Undivided Family - 04	Others - 12
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RECEIPT

Received Application in Form – 1CR from

Date : Receipt Sl. No. Signature :

Office Seal

[If you do not receive your composition registration certificate within 10 days of application, please contact Charge Officer]