**THE WEST BENGAL VALUE ADDED TAX RULES, 2005**

|  |  |  |
| --- | --- | --- |
| **FORM - 1CR** | Self attested |  |
| photograph of |  |
| **Application for Composition Registration** |  |
| the signatory |  |
| [*See sub-rule (1) of rule 5* ] |  |
|  |  |

[Please see Instructions before filling up the Application]

1. 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]:

04. Trade Name[in BLOCK LETTERS]:

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)

(b) e-mail id

07. Bank Account details[in BLOCK LETTERS]:

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

08. Occupancy Status :

09. Status of the business :

10. If partnership, number of partners:

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

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

Residential address

Phone

e-mail

PAN

Name

Residential address

Phone

e-mail

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

1. Turnover of sales (Gross) of previous year : Rs.
2. 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

02. Please enter the two digit code that identifies the **status of the business** from the selection below:

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

**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]**