



Sales Tax

Application for Registration

“(Corporations / Companies / AOP’s / Individuals / Services)”

(Please see the appended instructions before you fill this application form)

- Before you begin to fill in the application, please refer to Chapter – I of the Sales Tax Rules, 2006.
- This form may be filled in accordance with the appended instructions.
- Write clearly in black ink and use capital letters.
- Additional sheets may be attached if required.
- In case of any problem, please contact your Local Registration office or call the Central Registration Office.

(Only one the column from column (1) to column (3) is required to be filled. The remaining may be left blank)

(1) **INDIVIDUAL**

- (a) Name of owner
- (b) N.I.C. number
- (c) National Tax Number
- (d) Date of commencement of business
- (e) Initial capital employed Rs.

(2) **AOP**

- (a) Data of constitution
- (b) Initial capital employed Rs.
- (c) No. of members
Please fill in attachment No. STR-1 (A) for each member
- (d) Date of commencement of business

(3) **COMPANY**

- (a) Company registration number
- (b) Date of incorporation
- (c) No. of directors
Please fill in attachment No. STR-1 (A) for each director
- (d) Limited by share Limited by guarantee
- (e) Initial capital employed Rs.
- (f) Date of commencement of business

(g) TYPE OF COMPANY (Please tick (✓) the most appropriate box applicable below)

- Private Limited Company Public Limited Company (Not Listed)
- Public Limited Company (Listed) Local Authority
- Public Authority or Corporate Body (wholly owned by Government) Other (please specify)

INSTRUCTIONS

National Tax Number **If this column is not filled in, your application will not be entertained for registration.**

Part - 1

- (1) Write complete Business Name.
- (2) Write complete address of the Head office giving room/house/shop number, street name/number, city, post code, phone, fax, e-mail, electricity and gas consumer number, bank address and account number. Write complete address of all the branches, manufacturing units, godowns and outlets giving room/house/shop number, street name/number, city, post code, phone, fax, e-mail, electricity and gas consumer number.
- (3) Please give bank account number, name and address.

In case of additional information for any of the columns, please use separate sheet(s) and follow the same format.

- (4)(a) Tick the category under which the business falls. In case of more than one type of business category, all the relevant boxes may be ticked.
- (4)(b) The principal / main business activity which defines your business most closely is required to be ticked. (Tick only ONE activity)
- (4)(c) Please give the name of the primary product dealt in.
- (4)(d) Please provide name and type of service rendered.

Part - 2

- (1)(a) (b) (c) Please give complete name of owner, N.I.C and N.T.N.

Remember: In case the columns N.I.C, N.T.N are not filled the application will not be entertained for registration.

- (1)(d) (e) Please give date of commencement of business and initial capital employed.
- (2) Each member of AOP is required to fill in attachment No. **STR-1 (A)**
- (3)(a) (b) (d) Please give company's registration number, date of incorporation, limits, initial capital employed, date of commencement of business and tick the relevant **"TYPE OF COMPANY"**
(e) (f) (g)
- (3)(c) Each director of company is required to fill in attachment No. **STR-1 (A)**

Part – 3 Please mention the name of goods supplied or intended to be supplied as manufacturer.

Part – 4 Please tick the relevant mode of maintenance of business records.

Part – 5 Please give taxable value of sales during the 12 months (if applicable) and the next 12 months (estimated).

Part – 6 Tick only the appropriate box.

Part – 7 Please ensure that the declaration is signed by the authorized person.

Part – 8 **FOR OFFICIAL USE ONLY.**