### आयुक्त (मुल्यवर्धित कर) COMMISSIONER (VAT)

अण्डमान तथा निकोबार द्वीपसमूह

### A&N ISLANDS

उपायुक्त का कार्यालय

### OFFICE OF THE DEPUTY COMMISSIONER

दक्षिण अण्डमान जिला

### SOUTH ANDAMAN DISTRICT

#### Form ANI-VAT 2017

[See Rule 12]

#### Application for Registration under A&N Islands Value Added Tax Regulations, 2017

Checklist of Supporting Documents

Please tick as applicable

#### Mandatory Supporting Documents

- Parts A, B, C & D of the Form duly filled in (in case any of the parts is not applicable, please mark accordingly)
- Proof of incorporation of the applicant dealer 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 Registration Application Form
- Two self-addressed envelopes (Without stamps)
- In case of a dealer applying for registration and simultaneously opting for payment of tax under composition scheme, please attach application in Form ANI-VAT along with this application ® Proof of Security along with duly filled Form ANI-VAT 2017

### 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
- Sopy of passport of proprietor/ managing partner/ Aadhar Card
- Sopy 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 registration 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 registration form)

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

Please tick as applicable

g	Not attached Mandatory Supporting Document(s)
3	- H

## Form ANI-VAT 2017 PART - A

# Application for Registration under A & N Islands Value Added Tax Regulations, 2017

1. Full Name of Applicant Dealer													
2. Nature of Manufacturer Trade	er 🔲 L	easin	g [		/ork	s [		Expo	orter				
Business Importer Others  (Tick all specify)  applicable)											_		
3. Constitution of Proprietorship Business		ivate ompa		· [		Pub Uno	lic S derta						
(Tick≡ one as ☐ <u>Partnership</u> ☐ applicable)		overn ompa		t		Gov Co	ernn						
<u>HUF</u>		blic ompa		ļ		Go	vt D	eptt	So	ciety	y/		
							C	lub	/ Tru	ıst			
Others, please specification	fy												
4. Type of Registration Tick  ≡ or	ne	Maı	ndato	ory							Vo	olunt	ary
5. Opting for composition scheme under sec Tick	tion 16	of the	e Reg	gulat	tions	s?		Ye	S		1	No	
6. Annual Turnover Category Tick  ≡ one	ess than	Rs.0	)2 1ac	es			Rs	. 02	lacs	ora	abov	ve	
(a) Turnover in preceding financial year	ır. <i>Rs</i> .												
(b) Expected turnover in Current financial year	the <b>R</b> s.												
7. Date from which liable for registration und Value Added Tax Regulation, 2017	ler A &	N Is	lands	S		Day	/		Mon	th	/	Ye	ar
8. Permanent Account Number of the applica	nt deale	r (PA	N)										
9. Registration number under Central Excise	Act (if	appl	icabi	le)									

10 D.:		1						 		,	
10. Principal Place of	Building Name/ Number	er									
Business	Area/ Road				_						
	Locality/ Market										
	Pin Code							 			
	Email Id										
	Telephone Number										
	Fax Number										
			•		•	•		•	•	•	,
11. Address for service of	Building Name/ Number	er									
notice	Area/ Road										
(If different from principal place of	Locality/ Market										
business)	Pin Code										1
	Email Id										
	Telephone Number										
	Fax Number										
(also please complete Par	<i>-</i> /	Shop		ce(s	of	busi	ness				
13. Details of main Bank	Account Number										
13. Details of main Bank Account	Account Number MICR Number										
	MICR Number										
	MICR Number  Name of Bank										
	MICR Number										
	MICR Number  Name of Bank										
	MICR Number  Name of Bank										
	MICR Number  Name of Bank										
Account	MICR Number  Name of Bank  Address of Bank										
Account  14. Details of investment in th	MICR Number  Name of Bank  Address of Bank		(Rs.)								
14. Details of investment in the business (details should be current)	MICR Number  Name of Bank  Address of Bank  e Own Capital  Loans from Banks		(Rs.)								
Account  14. Details of investment in the business	MICR Number  Name of Bank  Address of Bank  e Own Capital  Loans from Banks		(Rs.)	)							
14. Details of investment in the business (details should be current)	MICR Number  Name of Bank  Address of Bank  e Own Capital Loans from Banks  Other loans and borro	owings	(Rs.)	)							
14. Details of investment in the business (details should be current)	MICR Number  Name of Bank  Address of Bank  e Own Capital Loans from Banks  Other loans and borro  Plant & Machinery	owings	(Rs.)	)							
14. Details of investment in the business (details should be current)	MICR Number  Name of Bank  Address of Bank  e Own Capital Loans from Banks  Other loans and borro	owings	(Rs.) (Rs.) (Rs.)	)							

15. Description of top 5 it			escripti	on (	of ite	ems			Co	omm	odity	y Co	de	
propose to deal in (1 to 5-lowest volume)	-highest volume	1												
		2												
		3												
		4												
		5												
		5												
16. Accounting Basis	Tick 🗉	= one		9 ,	Acc	rual			9 (	Cash				
17. Security (a)	Amount of Sec	urity	Rs.											
•	Type of Securit		13.	_										
	Date of expiry		rity				,			,				
				-			/			/				
Day Month												Ye	ar	
18. Number of persons ha	ving interest in b	ousiness	s (also p	olea	se c	ompl	lete	Part	B for	r eacl	h suc	ch		
person)														
19. Number of managers														
20. Number of authorised	signatories													
			1									1	1	
21. Name of Manager														
	First N	lame			Mi	ddle	Nar	ne			Sur	nam	e	
* if more than one man	ager, attach part	iculars	for add	itio	nal 1	mana	iger	s on	a sep	arate	she	et		
22. Name of Authorised														
Signatory*	First N	 [ame			Mi	ddle	Nar	ne			Sur	 nam	e e	
*Please complete Part I														
23. Verification														
I/Weinformation given hereina	bove is true and	correct	to the b			•		•						t the thing
has been concealed theref						<i>J</i>								8
Signature of Authorised S	ignatory													
Designation/Status														
Place														
Date Day M	Ionth Ye	ear		1		<u> </u>		ı	ı	1	1	1		

Please affix a passport size photograph of the person whose particular are being given in this form

## Form ANI- VAT 2017 PART - B

Particulars of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business

(Attach particulars on separate sheet for each person having interest in business)

1. Full Name of Applicant De	ealer																			
											1			<u> </u>	1					
2. Full Name of Person having	inte	rest i	n																	
business (Provide in order of fi	rst	name	e,																	
middle name, surname)																				
																		<u> </u>		
3. Date of birth /	T	/				4	. G	end	ler (	tick		one	·)		M	ale		Fe	ma	le
		] [																		
5. Father's / Husband's name																				
			Firs	st Na	ıme				Mic	ldle	Na	me				Sı	urnai	me		
6. PAN :					7.	Pas	spo	rt l	No.								$\overline{\top}$			
																				İ
8. E-mail address																				
	,		<u> </u>	<u> </u>	1															
9. Residential Address	Bu	ildin	g Na	ıme/	Nur	nbe	er													
(If different from principal place of business)	Are	ea/ R	load																	
proces of comments)	Lo	cality	y/ M	arke	t															
	Pin	Coc	de																	
		lepho			ber									1				$\overline{\Box}$		
	Fax	x Nu	mbe	r																
								<u> </u>										$\overline{}$		
10. Permanent Address  (If different from		ildin ea/ R		ime/	Nur	nbe	er										_			
residential address)		ea/ K cality		arko	<b>t</b>															
		i Coc		arkc	ι															
		lepho		Num	ber									_						
		x Nu																		
1 I								1	1	1		- 1	- 1	1	- 1	- 1	1	1 7		

11. Whether engaged in any other business If yes, give details:-		Yes					No	)						
(i) Name & address of other business														
(ii) TIN/ GSTIN														
(iii) Status														
*if engaged in two or more other business, attach d	etai]	s on	a se	epar	ate	she	et							<u> </u>
12. Verification														
I/Weinformation given hereinabove is true and correct to the has been concealed therefrom.	e be	_ her st of	eby my	sol our	emi kn	nly owl	affi edg	rm e an	and id be	dec eliet	clar f an	e th d no	at tl othii	ne ng
Signature of Authorised Signatory									Fu	11 N	Vam	ie	(fir	rst
name, middle, surname)														
Designation/Status														
Place														
Date Day Month Year														

## Form ANI-VAT 2017 PART - C

# Details of additional places of business

1. Full Nam	e of Applicant Dealer																		
		-															+		
													[						
2. Details of A	Additional Places of Business				(0	atte	ıch	ade	diti	ona	ıl sl	heet	ts ij	f re	qui	ired	')		
Type G	odown / Warehouse Factory				]S	hop	9			Oth	er p	olac	e c	of b	usi	ness	s		
Address	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Dist.																		
	State																		
	Pin Code																		
	Email Id																		
	Telephone Number																		
	Fax Number																		
	Date of establishment			,				,									•		
		Da	ay	/	M	lo n	ıth	/			Ye	ar							
	State local sales tax/VAT/ CST registration number.																		
	(if place of business is situated within A & N Islands)					•			•				1		1		•		
Type Go	odown / Warehouse Factory				$\int S$	hop	9			Oth	er p	olac	e c	of b	usi	ness	s		
Address	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Locality/ Market  Dist.																	$\frac{1}{1}$	
																		<u> </u>	
	Dist.																		
	Dist. State																		
	Dist. State Pin Code																		
	Dist. State Pin Code Email Id																		
	Dist. State Pin Code Email Id Telephone Number																		
	Dist. State Pin Code Email Id Telephone Number Fax Number	Da	ay	/	M	Cont	th				Ye	ar							
	Dist. State Pin Code Email Id Telephone Number Fax Number		ay	/	M	loni	th	/			Ye	ar							

Type G	odown / Warehouse Factory				Sh	op		Ot	her	place	e of	bus	sines	s	
Address	Building Name/ Number														
	Area/ Road														
	Locality/ Market														
	Distt.														
	State														
	Pin Code									•			1	1	•
	Email Id														
	Telephone Number														
	Fax Number														
	Date of establishment			/			/						1	•	•
		D	ay		Mo	nth			Y	ear					
	State local sales tax/VAT/ CST registration number														
	(if place of business is situated outside A & N Islands)														
					•										
,, <u> </u>	odown / Warehouse	,			Sho	pp		L	<u> </u>	Other	plac	ce o	of bu	sines	SS
Address	Building Name/ Number														
	Area/ Road														
	Locality/ Market														
	Distt.														
	State														
	Pin Code														
	Email Id														
	Telephone Number														
	Fax Number														
	Date of establishment			/			/								
	State local sales tax/VAT/ CST registration number	D a	ay		Mo	nth			Ye	ear					
	(if place of business is situated outside A & N Islands)														

3. Verific	ation															
I/Weinformati	on given	herei	nabove	e is t												
Signature	of Autho	orisec	d Signa	tory	 				 			1	Full	Nam	e	(first
name, mi	ddle, suri	пате	_								-					
Designati	on/Status	s														
Place																
Date	Day		Month	1	Year		1	1	•	1		•	1			•

# Form ANI-VAT 2017 PART - D

## Particulars of the authorised signatory

Please affix a passport size photograph of the person whose particulars are being given in this form

(Attach separate forms giving particulars of each authorized signatory, in case of more than one authorized signatories)

1. Full Name of Applicant Do	ealer																		
		1 1													1				
2. Name of Authorised Signat  (Provide in order of first name, surname)  (Ref. Instruction No. 9)																			
3. Date of birth /	/			4. (	Gei	nde	r (ti	ick		one	e)	N	Iale	e [		Fer	nal	e [	
5. Father's / Husband's name																			
	Firs	st Na	me			N	Iido	dle	Na	me			ı	S	Suri	nam	ie		
First Name Middle Name  5. PAN : 7. Passport No.											ı								
6. PAN :			7. F	Passp	or	t No	Э.												
8. E-mail address																	$\overline{\mathbb{T}}$		
o. L-man address																	<u></u>		
9. Residential Address  (If different from principal place of business)	Building Na Area/ Road			ber															
place of vasiness)	Market Dist	t.			_														
	State				_														
	Pin Code	Juma	h a m		_														
	Telephone N Fax Number		ber		_														
					_														
					_														
										1					[				
10. Permanent Address	Building Na	ime/	Num	ber															
(If different from residential address)	Area/ Road		ality/																
,	Market Dist	t.																	
	State																1		
	Pin Code																$\dashv$		

11. Declaration  I/We					F	Fax N	Vuml	ber																	
I/We																									
I/We																							L	[	
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 Andaman & Nicobar Islands Value Added Tax Regulations,2017. All his actions in relation to this business will be binding on us.  S. No. Full Name Designation/Status Signature (First name, Middle Name, Surname)  1. 2. 3. 4.  12. Acceptance as an authorised signatory  I hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.  Signature of Authorised Signatory Full Name (first name, middle, surname)  Designation/Status  Place  Date  Date	11. Declarat	tion																							
business for which application for registration is being filed/ is registered under the Andaman & Nicobar Islands Value Added Tax Regulations,2017. All his actions in relation to this business will be binding on us.  S. No. Full Name Designation/Status Signature (First name, Middle Name, Surname)  1.  2.  3.  4.  12. Acceptance as an authorised signatory  I																									
S. No. Full Name Middle Name, Surname)  1. 2. 3. 4.  12. Acceptance as an authorised signatory  I hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.  Signature of Authorised Signatory Full Name (first name, middle, surname)  Designation/Status  Place  Date  Date	business for Islands Valu	which	appl	icati	on f	or re	gistr	atior	ı is b	eing	filed	l/ is 1	egi	ste	red	un	der	the	e Aı	nda	ma	ın &	. Ni	col	bar
1. 2. 3. 4.  12. Acceptance as an authorised signatory  I						Suri	name	e)		D	esig	natic	on/S	Stat	tus	Š	Sig	nat	ure	(Fi	rst	nai	me,		
2. Acceptance as an authorised signatory  I	1.							,																	
4.  12. Acceptance as an authorised signatory  I	2.																								
12. Acceptance as an authorised signatory  I	3.																								
I	4.																								
authorised signatory for the above referred business and all my acts shall be binding on the business.  Signature of Authorised Signatory	12. Acceptan	ce as a	ın au	thori	ised	signa	atory	7																	
authorised signatory for the above referred business and all my acts shall be binding on the business.  Signature of Authorised Signatory	I										here	by s	ole	mn	ly a	acco	ord	m	y ac	ccei	ota	nce	to	act	as
Designation/Status  Place  Date  Date	authorised sig	gnator	y for	the	abov	e re	ferre	d bu	sine																
Designation/Status  Place  Date  Date	Signature of	Autho	rised	Sig	nato	ry _													]	Ful	l N	Jam	e	(fi	irst
Place Date	name, middle	e, surn	ame,	)													_								
Date	Designation/S	Status																							
Date																									
	Place																								
Day Month Year	Date		] [																						
	-	Day	]  -	Mor	nth		Y	ear																	
Instructions for filling Registration Form (ANI-VAT) (For details refer to Section 19 and Rule 12)											<del></del>											_			

Telephone Number

- Please fill in all the details in CAPITAL letters. 1.
- 2. Please note that you are **mandatorily** required to register if:
  - your turnover at any time during a financial year exceeds taxable quantum; or
  - you are liable to pay tax, or are registered or required to be registered under Central Sales Tax (ii) Act, 1956

('Taxable quantum' is **Rs.2 lacs** except in the case of an importer where it is NIL)

- 3. Please note that irrespective of the quantum of turnover of the business, a dealer may apply for voluntary registration under the A & N Islands Value Added Tax Regulations, 2017.
- 4. For field 3, an "importer" means -
  - (i) a person who brings his own goods into A & N Islands; or
  - (ii) a person on whose behalf another person brings goods into A & N Islands; or
  - (iii) in the case of a sale occurring in the circumstances referred to in sub-section 2 of section 6 of the Central Sales Tax Act, 1956, the person in A & N Islands to whom the goods are delivered

- 5. The application for registration under this Regulations should be filed within **thirty days** from the date of person becoming liable for payment of tax.
- 6. For **field 8**, if the business does not have a PAN, then please mark 'Applied for' or 'N/A' as applicable.
- 7. For **field 15**, please fill the description of top five items on the basis of value of goods sold.
- 8. In case of any change in these details, the dealer is required to intimate the department of the amendments within **one month** of the change. (please refer to section 21)
- 9. Registration application should be verified and signed by the Authorized Signatory, who is:
  - (i) in the case of an individual, the individual himself, and where the individual is absent from India, either the individual or some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, his guardian or any other person competent to act on his behalf;
  - (ii) in the case of a Hindu Undivided Family, a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, any other adult member of such family;
  - (iii) in the case of a company or local authority, the principal officer thereof;
  - (iv) in the case of a firm, any partner thereof, not being a minor;
  - (v) in the case of any other association, any member of the association or persons;
  - (vi) in the case of a trust, the trustee or any trustee; and
  - (vii) in the case of any other person, the person competent to act on his behalf.
- 10. In case of partnerships, Part B is to be filled and signed by the managing partner plus top four other partners.
- 11. In case of companies, Part B is to be filled and signed by the company secretary, the managing director and 3 other directors.
- 12. If required, make additional copies of the Parts and attach with application form for registration (ANI-VAT 2017).
- 13. An amendment would be required each time a person changes (and not when the details of an existing person change)
- 14. In case of minors, the specimen signature of guardian/trustee should be furnished.
- 15. In case of Part D, it is to be filled and signed by the person whose details are given in the Part.
- 16. Every sheet filled in the Parts has to be signed by the same person (authorised signatory) who has signed the registration application.
- 17. In case any of the Parts are not applicable, please strike off the same and write 'Not Applicable' on the said Part.

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

Preso	cribed Security Amount (Rs)	1,00,000
Redu	ection sought (Maximum reduction available Rs. 50,000)	Rebate (Rs)
1	Proof of ownership of principal place of business	30,000
2	Proof of ownership of residential property by proprietor/ managing partner	20,000
3	Copy of passport of proprietor/ managing partner	10,000
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)	10,000
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)	5,000