

Form RF-01

Application for Registration under Arunachal Pradesh Goods Tax Act, 2005

(See Rule 15 of the Arunachal Goods Tax Rules, 2005)

Checklist of Supporting Documents

Please tick as applicable

Mandatory Supporting Documents

- Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same)
- 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)
- Proof of Security

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
- Copy of passport of proprietor/ managing partner
- Copy 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

- Not attached Mandatory Support Document(s) _____
- Other _____

Instructions for filling Registration Form (RF-01)

1. Please fill in all the details in CAPITAL letters.
2. Please note that you are mandatorily required to register if you:
 - (i) had turnover of more than Rupees 5 lacs in the preceding financial year; or
 - (ii) exceed turnover of Rupees 5 lacs in the current year;
3. Please note that irrespective of the quantum of turnover of the business, a dealer may apply for voluntary registration under the Arunachal Pradesh Goods Tax Act, 2005.
4. For field 3, an "importer" means -
 - (i) a person who brings his own goods into Arunachal Pradesh; or
 - (ii) a person on whose behalf another person brings goods into Arunachal Pradesh;
5. The application for registration under this Act should be filed within 30 days from the date of person becoming liable for payment of tax.
6. For field 9, if the business does not have a PAN, then please mark 'Applied for' or 'N/A' as applicable.
7. For field 16, please fill the description of top 5 items on the basis of value of goods sold.
8. In case any of these details change, the dealer is required to intimate the department of the amendments within one month of the change.
9. The form has to be filled and signed by the authorised signatory of the business.
10. Businesses with a turnover of more than Rs 1 Crore are mandatorily required to file returns every month. Businesses with a turnover of less than Rs 1 Crore are mandatorily required to file returns every quarter – they may however, elect to file their returns every month.
11. Registration application should be verified and signed by the following:
 - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
 - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
 - (iii) in the case of a company or local authority, by the principal officer thereof;
 - (iv) in the case of a firm, by any partner thereof, not being a minor;
 - (v) in the case of any other association, by any member of the association or persons;
 - (vi) in the case of a trust, by the trustee or any trustee; and
 - (vii) in the case of any other person, by some person competent to act on his behalf.
12. Every sheet filled in the Annexures has to be signed by the same person (authorised signatory) who has signed the registration application.
13. In case any of the Annexures are not applicable, please strike off the same and write 'Not Applicable'.

| | |
|----------------------------------|--|
| 1. Full Name of Applicant Dealer | |
|----------------------------------|--|

| | | | | |
|---|--|--|---|---|
| 2. Trade Name | | | | |
| 3. Nature of Business <i>(Tick all applicable)</i> | | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Distributor |
| | | <input type="checkbox"/> Retailer | <input type="checkbox"/> Exporter | <input type="checkbox"/> Importer |
| | | <input type="checkbox"/> Interstate Seller | <input type="checkbox"/> Interstate Importer | <input type="checkbox"/> Works Contractor |
| | | <input type="checkbox"/> Leasing | <input type="checkbox"/> Others, please specify | |
| 4. Constitution of Business <i>Tick one</i> | | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Private Ltd. Company | <input type="checkbox"/> Public Sector Undertaking |
| | | <input type="checkbox"/> Partnership | <input type="checkbox"/> Government Company | <input type="checkbox"/> Government Corporation |
| | | <input type="checkbox"/> HUF | <input type="checkbox"/> Public Ltd. Company | <input type="checkbox"/> Govt Deptt/ Society/ Club/ Trust |
| | | <input type="checkbox"/> Leasing | <input type="checkbox"/> Others, please specify | |
| 5. Type of Registration <i>Tick one</i> | | <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary | | |
| 6. Annual Turnover Category | | <input type="checkbox"/> Less than Rs 5 lacs | <input type="checkbox"/> Rs 5 lacs or above | |
| (a) Turnover in preceding financial year | | Rs. _____ | Rs. _____ | |
| (b) Turnover in the current financial year | | Rs. _____ | Rs. _____ | |
| 7. Basis of incurring liability to pay tax <i>Tick whichever is applicable</i> | | <input type="checkbox"/> Turnover exceeding Rs. 5 lacs | <input type="checkbox"/> Voluntary registration | |
| 8. Date from which liable for registration under Arunachal Pradesh Goods Tax Act, 2005 | | ___ ___ / ___ ___ / ___ ___ ___ ___ <i>DD / MM / YYYY</i> | | |
| 9. Permanent Account Number of the applicant dealer (PAN) | | | | |
| 10. Registration number under Central Excise Act (if applicable) | | | | |
| 11. Principal Place of Business | | Building Name/ Market Name _____ | | |
| | | Town/ Village _____ | | |
| | | District _____ | | |
| | | Pin Code _____ | | |
| | | Email Id _____ | | |
| | | Telephone Number(s) _____ | | |
| | | Fax Number(s) _____ | | |
| 12. Address for service of notice <i>If different from principal place of business</i> | | Building Name/ Market Name _____ | | |
| | | Town/ Village _____ | | |
| | | District _____ | | |
| | | Pin Code _____ | | |
| | | Email Id _____ | | |
| | | Telephone Number(s) _____ | | |
| | | Fax Number(s) _____ | | |
| 13. Number of additional places of business within or outside the state (please fill Annexure II) | | Godowns/ Warehouse _____ | | |
| | | Factory _____ | | |
| | | Shop _____ | | |
| | | Other places of business _____ | | |
| 14. Details of all Bank Account/s | | Account Number _____ | | |
| | | Name of Bank _____ | | |
| | | MICR Number _____ | | |
| | | Address of Bank _____ | | |
| Type of Bank Account | | <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Cash Credit | | |
| 15. Details of quantum of investment | | | | |
| 16. top 5 items you deal in | | Description | | Code |

| | | |
|---|----------------------------------|------------------------------------|
| (1-highest to 5-lowest) | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| | 4. _____ | _____ |
| | 5. _____ | _____ |
| 17. Accounting Basis <i>Tick one</i> | <input type="checkbox"/> Accrual | <input type="checkbox"/> Cash |
| 18. Frequency of filing of returns (to be filled in by the dealer whose turnover is less than Rs. 1 Crore in the preceding year) <i>Tick one, if applicable</i> | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| 19. Amount of Security Furnished | In Numerals Rs _____ | In Words Rs _____ |
| 20. Mode of Security | | |
| 21. Date of expiry of Security | | |
| 22. Number of persons having interest in business (please fill Annexure I) | | |
| 23. Name of Manager | | |
| 24. Number of additional places of business within or outside the state (please fill Annexure II) | Godown/Warehouse | |
| | Factory | |
| | Shop | |
| | Other place of business | |
| 25. Verification | | |
| I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. | | |
| Signature of Authorised Signatory | | |
| Name | | |
| Designation | | |
| Place | | |
| Date | | |

Method of Calculating Security Amount

| Prescribed Amount (Rs) | | 50,000 |
|--|---|-------------|
| Reduction sought (Max reduction available Rs - 50,000) | | Rebate (Rs) |
| 1 | Proof of ownership of principal place of business | 10,000 |
| 2 | Proof of ownership of residential property by proprietor/ managing partner | 5,000 |
| 3 | Copy of passport of proprietor/ managing partner | 5,000 |
| 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) | 2,500 |
| 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) | 2,500 |
| 7 | Trading License issued by competent authority | 5,000 |

Note : If the turnover in each of the preceding three years exceeds Rs. 20 Lakhs, no security is required.

Form RF-01: Annexure I

Particulars of proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, Clubs etc.

Passport sized
(signed)
photograph

| | | | |
|--|--|---|--|
| 1. Full Name of Applicant Dealer | | | |
| 2. Trade Name | | | |
| 3. Full Name of the persons having interest in the business | First Name | _____ | |
| | Middle Name | _____ | |
| | Last Name | _____ | |
| 4. Father's / Husband's Full Name | | _____ | |
| 5. Date of Birth | | ____ / ____ / ____ - ____ DD / MM / YYYY | |
| 6. Gender (Tick one) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 7. Present Residential Address | Building Name/ Market Name | _____ | |
| | Town/ Village | _____ | |
| | District | _____ | |
| | Pin Code | _____ | |
| | Email Id | _____ | |
| | Telephone Number(s) | _____ | |
| 8. Permanent Address | Building Name/ Market Name | _____ | |
| | Town/ Village | _____ | |
| | District | _____ | |
| | Pin Code | _____ | |
| | Email Id | _____ | |
| | Telephone Number(s) | _____ | |
| 9. Extent of interest in business (%) | | _____ | |
| 10. Particulars of interest in any other business(es) in India, if any. | Name and particulars of other business | Complete Address of other business | RC Number |
| | | | |
| | | | |
| | | | |
| 11. Particulars of all immovable property owned by or in which the person has any interest. | Description of property | Full address of the property | Nature and extent of interest held in the property |
| | | | |
| | | | |
| | | | |
| 12. Verification | | | |
| I/We _____ hereby solemnly affirm and declare that the information given in this annexure is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. | | | |
| Date | Name | Designation | Signature |
| Name of Business _____ | | | |

Instructions for filling Registration Form (Annexure I)

- In case of partnerships, Annexure I to be filled and signed by the managing partner plus top 4 other partners.
- In case of companies, Annexure I to be filled and signed by the company secretary, the managing director and 3 other directors.
- If required, make additional copies of the Annexure and attach with application form for registration (RF-01).
- An amendment would be required each time a person changes (and not when the details of an existing person change)
- In case of minors, the specimen signature of guardian/ trustee should be furnished.

Form RF-01: Annexure II

Details of additional places of business

1. Full Name of Applicant Dealer _____
2. Trade Name _____
3. Registration Number _____
4. Details of Additional Places of Business

| | |
|--|---|
| Address of Additional Place of Business | Building Name/ Market Name _____ |
| <i>Type Tick One</i> | Town/ Village _____ |
| <input type="checkbox"/> Godown / Warehouse | District _____ |
| <input type="checkbox"/> Factory | Pin Code _____ |
| <input type="checkbox"/> Shop | Email Id _____ |
| <input type="checkbox"/> Other places of business | Telephone Number(s) _____ |
| | Fax Number(s) _____ |
| | Date of establishment _____ |
| | <small>State local sales tax/VAT/CST registration number (if state is other than Arunachal Pradesh)</small> _____ |
| Address of Additional Place of Business | Building Name/ Market Name _____ |
| <i>Type Tick One</i> | Town/ Village _____ |
| <input type="checkbox"/> Godown / Warehouse | District _____ |
| <input type="checkbox"/> Factory | Pin Code _____ |
| <input type="checkbox"/> Shop | Email Id _____ |
| <input type="checkbox"/> Other places of business | Telephone Number(s) _____ |
| | Fax Number(s) _____ |
| | Date of establishment _____ |
| | <small>State local sales tax/VAT/CST registration number (if state is other than Arunachal Pradesh)</small> _____ |
| Address of Additional Place of Business | Building Name/ Market Name _____ |
| <i>Type Tick One</i> | Town/ Village _____ |
| <input type="checkbox"/> Godown / Warehouse | District _____ |
| <input type="checkbox"/> Factory | Pin Code _____ |
| <input type="checkbox"/> Shop | Email Id _____ |
| <input type="checkbox"/> Other places of business | Telephone Number(s) _____ |
| | Fax Number(s) _____ |
| | Date of establishment _____ |
| | <small>State local sales tax/VAT/CST registration number (if state is other than Arunachal Pradesh)</small> _____ |
| 5. Verification | |
| I/We _____ hereby solemnly affirm and declare that the information given in this Annexure is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. | |
| Signature of Authorised Signatory | _____ |
| Name | _____ |
| Designation | _____ |
| Place | _____ |
| Date | _____ |

Form RF-01: Annexure III

Particulars of authorised signatory

| | | | | |
|---|--|---|---|---|
| 1. Full Name of Applicant Dealer | | | | |
| 2. Trade Name | | | | |
| 3. Place of business with address | | | | |
| 4. Full name of the authorised signatory | | | | |
| 5. Designation | | | | |
| 6. Permanent Address | Building Name/ Market Name | | | |
| | Town/ Village | | | |
| | District | | | |
| | Pin Code | | | |
| | Email Id | | | |
| | Telephone Number(s) | | | |
| 7. Date from which authorised to act as an authorised signatory | ___ ___ / ___ ___ / ___ ___ ___ ___ <i>DD / MM / YYYY</i> | | | |
| 8. Declaration I/We _____ hereby solemnly affirm and declare 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 Arunachal Pradesh Goods Tax Act, 2005. All his actions in relation to this business will be binding on us. | | | | |
| SIGNATORIES | | | | |
| | 1 | 2 | 3 | 4 |
| Signature(s) of the Partners/ Directors/ Proprietor of business | | | | |
| Name | | | | |
| Designation | | | | |
| Place | | | | |
| Date | | | | |

Acceptance as an authorised signatory

I, accept to act as an authorised signatory for the above referred business.

| | |
|-------------|------|
| Signature | |
| Designation | |
| Place | Date |

Extra set of photographs and specimen signature of each person having interest in business

Passport sized
(signed)
photograph

Passport sized
(signed)
photograph

Passport sized
(signed)
photograph

Signature

Signature

Signature

Name

Name

Name

Instructions:

- In case of Annexure III, it is to be filled and signed by the person whose details are given in the Annexure.