


FORM 101

(See rule-5)

APPLICATION FOR CERTIFICATE OF REGISTRATION UNDER SECTION 21 AND 22 OF THE ACT.

(See section 21 and 22 of GVAT Act,2003)

To,	
The Commercial Tax Officer,	
Unit _____	

01	Name of business for which application is made	.
02	(a) Income Tax Permanent Account Number(PAN) of the business for which application for Registration is made (b) Import/Export Code No. (c) Central Excise Registration No. (d) Electrical Energy Supply Service No. (e) Enrolment Certificate No. under Gujarat Professional Tax Act (f) Registration Certificate No. under Gujarat Professional Tax Act (g) Registration No.under Central Sales Tax, 1956, if any	
03	Name of the Owner of the Business Shri / Smt./ Kumari Date of Birth / / Place Name of Father / Husband Status of owner of business Residential address of the person responsible for the Business Room /Block /Flat No. Mun.No & Name of building Road / Street / Land Area / Locality / Ward Post office Taluka / Sub-Division Village /Town / City District Pincode No. Telephone no. Fax No. Email ID No Website	

04	Address of chief place of business Room /Block /Flat No. Mun.No & Name of building Road / Street / Land Area / Locality / Ward Post office Taluka / Sub-Division Village /Town / City District Pincode No. Telephone no. Fax No. Email ID No Website		
05	Status of Business (put "v" Mark in the box applicable)		
06	Nature of Business activities (put "v" Mark in box or boxes applicable)		
07	Name of commodities relating to business 1		
	Other Commodity : ,		

DECLARATION

of the above enterprise hereby declare that the above particular given are true and complete. I here by submit the application form for the issuance Certificate of Registration under sec.21 /22 of the Gujarat Value Added Tax Act 2003.

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Signature

Place

Status

Date

Name of the applicant

ACKNOWLEDGEMENT

Received the application for registration under sec. 21/22 GVAT Act, 2003 from Shri/ Smt/ Kumari

Inward/Receipt No:-

Inward/Receipt Date

Receiving Office :-

Signature of receiving official

FOR OFFICE USE ONLY

Inward/Receipt No :-

Date of Inward/Receipt :-

Application accepted/rejected

Hearing Date

Hearing Place

Date of spot visit

Name and designation of the officer who made spot visit

The registration number allotted

Registering Authority's Code No.

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Processing Authority

Signature

Name

Designation

Date :-

Registering Authority

Signature

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Name

Designation

Date :-