(TO BE PUBLISHED IN PART IV OF THE DELHI GAZETTE EXTRAORDINARY) GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DEPARTMENT OF TRADE AND TAXES

VYAPAR BHAWAN: I.P.ESTATE: NEW DELHI-110 002.

No.F.3(393)/Policy/VAT/2013/1086-1096

NOTIFICATION

In exercise of the powers conferred on me by section 27 of Delhi Value Added Tax Act, 2004, I Prashant Goyal, Commissioner, Value Added Tax, Government of NCT of Delhi, hereby direct that the details of programmes/functions, to be organised in the Banquet Halls, Farm Houses, Marriage/Party Halls, Hotels, Open Ground etc., where food and/or liquor items are to be supplied/provided and cost of booking exceeds rupees one lakh per function, shall be submitted by the owner/lessee/custodian of the venue through a return in Form BE-2, annexed to this notification, atleast 3 days before the start of the fortnight i.e. return for the first fortnight of a month should be filed by 3 days before first day of a month and for second fortnight it should be filed by 12th of the month. Such persons also have to enrol themselves by filing information in Form BE-1.Information of the booking/cancellation done after filing of return should be provided by revising the relevant return within a week of such cancellation.

- 2. Further, the application for enrolment in Form BE-1 and the fortnightly return in Form BE-2 should be filed by owner/lessee/custodian of the venue to concerned Zonal Additional Commissioner/Joint Commissioner, Department of Trade & Taxes, Vyapar Bhawan, New Delhi-110 002.
- Any eligible person who fails to comply with the directions issued vide this Notification, shall be liable for penalty in accordance with section 86 of Delhi Value Added Tax Act, 2004 alongwith other appropriate action as per relevant provisions of Delhi Value Added Tax Act/Rules.
- 4. This notification shall come into force with effect from 1st fortnight of January, 2014.

(Prashant Goyal) Commissioner. Value Added Tax

Dated: 19/12/2013

Dated: 19/12/2013

No.F.3(393)/Policy/VAT/2013/1086-1096

Copy forwarded for information and necessary action to:-

- 1. The Principal Secretary(Finance), Finance Department, Govt. of NCT of Delhi, Delhi Sachivalaya, New Delhi.
- 2. The Principal Secretary(GAD), General Administration Department, Govt. of NCT of Delhi, Delhi Sachivalaya, New Delhi one spare copy for publication in Delhi Gazette Part IV (extraordinary) in today's date.
- 3. All Special / Addl. / Joint Commissioners, Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
- 4. Addl. Commissioner (PR), Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi to arrange to give wide publicity to this notification.
- 5. Programmer (EDP), Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi to upload the notification on the web site of the Department.
- 6. Deputy Director (Policy), Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.

- 7. Registrar, VAT Appellate Tribunal Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
- 8. President/Secretary, Sales Tax Bar Association (Regd.), Vyapar Bhawan, I.P. Estate, New Delhi.
- 9. All Assistant Commissioners / AVATOs, Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi through their Zonal Incharge.
- 10. P.S to Commissioner, Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
- 11. Guard File.

(Vijay Chandna)
Assistant Commissioner (Policy)

DEPARTMENT OF TRADE & TAXES GOVERNMENT OF NCT OF DELHI

Form BE-1

Application for Enrolment by Banquet Halls, Farm Houses, Local Bodies, Clubs etc.

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1.Name of Applicant								-				 			
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2. Type of Space/Building made available organ	าเรเทดุ	9	☐ Farm House ☐ Banquet Hall ☐ Park ☐ Community Centre ☐ Club ☐ Dharamshala												
Functions								e ப	Clu	b ப	Dhar	amsh	ala		
				Othe	ers, s	oecif _:	y								
3. PAN															
(Other than Government Deptts/ Undertakings	S														
4.Name as recorded on PAN															
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5. Address									П		П	$\overline{}$			
(Principal place)															
(Frincipal place)												+			
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6. Additional places, if any															
7. TIN (if applicable)															
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8. Phone/Mobile No.			1												
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9. Email address		1													
3. Email address															
10. Details of Bank Account		Α	ccou	nt N	lo.										
TO. Details Of Datik ACCOUNT				IIL IN	iU.										
	IFSC Name of Bank														

11. Name of the Authorised Signatory	
12. Date	
13. Enrolment Number (for office)	
14. Verification	
I/We the information given hereinabove is true and correct to and nothing has been concealed there from.	hereby solemnly affirm and declare that the best of my/our knowledge and belief
Signature of Authorised Signatory	
Full Name (first name, middle, surname)	
Designation/Status	
Date Day Month Year	

DEPARTMENT OF TRADE & TAXES GOVERNMENT OF NCT OF DELHI

Form BE-2 Return form for Banquet Halls, Farm Houses, Local Bodies, Clubs, Caterers, etc.

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1. Period	From			/				4	То				/				/							
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4. Address																								
5. Mobile No).																							
6. Email Id																								
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(i) Name of	Hall/Par	k/																						
Venue		-																						
(ii) Date of B																								
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(iv) Exact		of																						
function (as (from – to H																								
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whose name																								
			Address																					
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(vi) No of		c /			fast																			
(vi) No. of plates as per				eak ıncl		L																		
plates as per	DOOKING	,				Sna	cks																	
				.nne		J. 14	CIG																	
(vii) Wheth	er liquo	r	Ye	es/l	No																			
to be serve	d/																							
arranged?	•																							
(viii) Wheth	ner Liqua	or	or Yes/No																					
Licence tak	-		If yes, for how many person :																					
concerned																								
		-																						
for this pro	gramme	;																						

(ix) Particulars of the Name

(x) Rate per person/ Plate (Rs.) (excluding

(xi) Total value of food sold (excluding VAT)

TIN Address

Caterer

VAT)

· ,	(xii) Total value of
liquor sold (excluding	liquor sold (excluding
VAT)	VAT)
8. Verification	8. Verification
	I/We
the information given hereinabove is true and correct to the best of my/our knowledge and belief	
and nothing has been concealed there from.	and nothing has been co
Signature of Authorised Signatory	Signature of Authorised 8
Full Name (first name middle	Full Name (first name)
Full Name (first name, middle,	surname)
Suriame)	Surriame)
Designation/Status	Designation/Status
Date	Date
Day Month Year	Day Montl