Department of Trade and Taxes Government of NCT of Delhi

Form DVAT 07

PART - A

[See Rule 15]

Application for Amendment(s) in Particulars subsequent to Registration under Delhi Value Added Tax Act, 2004

A. Regist	tration No. / TIN												
			•	•		•		•		•		•	•
B. Full Na	ame of Dealer												
C. Amenda	ment summary												
_	nt field reference in t(s). attach additiona			e so	ught,	dat	e of	ame	endm	ent a	nd r	easoi	n foi
Field Ref.	Date (mm/dd/yy)				Re	eason	(s)						

(Please fill in only thos blank or struck out)	se following field	s that	are 1	to be	am	eno	ded.	All	othe	er fie	elds	sho	uld	be	left
1. Full Name of Applic	cant Dealer														
							1								
2. Nature of Business ☐ (Tick ☐ all applicable)	Manu- Trader facturer	□ Lea	sing		orks			Expo	orter	□ In	npor	ter		Othe peci	
3. Constitution of Busin (Tick one as appli		orship		Privat Comp		d.		□ F	Publi	c Sec	ctor l	Und	lerta	akin	g
	□ <u>Partners</u>	<u>hip</u>		Gover Comp		ent		- (Gove	rnme	ent C	orp	ora	tion	
	□ <u>HUF</u>			Public Comp		l.			Govt Frust	Dep	tt/ So	ocie	ty/	Clul	o /
	□ Others, p	olease s	pecif	ÿ											
4. Principal Place of	Building Name/N	Number	•												
Business	Area/ Road														
	Locality/ Market														
	Pin Code													ı	
	Email Id														
	Telephone Numb	er													
	Fax Number														
				1	<u> </u>	I.				1	<u> </u>			<u>I</u>	
5. Address for	Building Name/N	Number													
service of notice	Area/ Road														
(If different from principal place of	Locality/ Market														
business)	Pin Code										L			I	
	Email Id														
	Telephone Numb	er													
	Fax Number														

6. Number of additional	places of b	outsid	le G	odo	wn /	Wa	reho	ouse								
the state (also please complete)	Part C)						F	acto	ry							
(also piedse complete I							S	hop								
							C	ther	plac	ce(s)	of l	ousi	ness			
7. Details of main Bank A	ccount	Acc	ount	Nun	nbei	r										
		MIC	CR N	lumb	er											
		Nar	ne of	Ban	k											
		Ado	lress	of B	ank											
8. Description of top 5 i deal in (1-highest volun	-		_	_	to	De	escrip	tion	of i	tems	S	Co	mm	odity	у Сс	de
						1										
						2										
						3										
						4										
						5										
						II.					I.		Į.	u u		
9. Security	(a) Amo	ount o	f Sec	curity	7	Rs.										
(for modification, pleas	se (b) Typ	e of S	ecuri	ity												
complete Part-E)	(c) Date	e of ex	piry	of S	ecui	rity			/			/				
							Ι	Day		Mo	onth			Y	ear	
							•		•				•			
10. Number of persons hav	ing interest	in bus	sines	s (als	o pi	lease (comp	lete (& ar	ınex	Par	t B)				
11. Number of Managers																
12. Number of authorized	signatories															
														•		
13. Name of Manager																
	Fi	rst Na	me			N	Middl	e Na	ame			,	Surn	ame	;	

14. Name of Authorised															
Signatory*	F	irst	Naı	ne		Mi	ddle	e Na	me		Ş	Surn	ame	2	

^{*} Please complete Part D

15. Verific	catio	n																		
I/Weinformation nothing ha	on gi	ven	here						nd (corr	ect t	o th		•		•		d deo ge an		
Signature	of A	utho	rise	d Sig	gnato	ory													 	
Full Name	•																 		 	
Designation	on/St	atus											 				 		 	
Place																				
					•		•		•	•		•			•					
Date																				
	D	ay		Moi	nth			Y	ear											

Form DVAT 07 PART - B

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

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

Nature of change (tick ☑ as appl	icab	le)				Ad	ditio	on	□ Deletion	☐ Amendment
Date of change (mm/dd/yyyy)			/		/					

- In case of amendments of existing particulars, please fill in Fields 1 & 2 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out.
- In case of deletion of a person, please fill in Fields 1 & 2 only
- In case of addition of a new person, please complete the Form in full

1. Full Name of Applicant De	ealer												
Registration No./TIN													
			•		•	•	•			•	•	•	•
2. Full Name of Person													
(Provide in order of first na	те,												
middle name, surname)													
		•	1				•			•			
3. Date of birth /	/		4.	Gen	der (tick .	🗹 on	ne)		Male	(⊒ Fer	nale
5. Father's / Husband's name													
3. Patrier 8/ Husband 8 hame	Fi	rst Nam				/liddl	o No	ma			Sur	l l name	
	1.1	ist inaiii			11	/Huui	e iva	ine			Sul	lame	
6. PAN :			7	Pass	nort	No							
0.1 AN .			/.	1 ass	рогі	INU.							
8. E-mail address													
o. E man address													
9. Residential Address	Building	Name/]	Numh	er									
(If different from principal	Area/ Ros		vaino	C1									
place of business)	Locality/												
	Pin Code												
	Telephon		er										
	Fax Num		,C1					+					
	T dx T (dill												
10. Permanent Address	Building	Name/ l	Vumb	er									
(If different from	Area/ Roa		(01110										
residential address)	Locality/												
	Pin Code												
	Telephon		er						\vdash				
	Fax Num								++				
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	er enga , give d	_	-	othe	r bu	sine	SS				Yes	3					No						
(i) Nar	ne & ad	dres	s of o	ther l	ousi	ness																	
(ii) TII	N																						
(iii) St	atus																						
*if enga	aged in	wo	or mo	re otl	ner t	ousin	iess,	atta	ch de	etail	ls o	n a	sep	arat	e sh	eet					•	•	
12. Verific	cation																						
				hereby solemnly affirm and declare that above is true and correct to the best of my/our knowledge and belief a ded therefrom. Signatory middle, surname)																			
							nd c	orre	ect to	th	e bo	est	of 1	my/	our	kno	owl	edg	e ar	nd ł	oelio	ef a	and
nothing na	as been	conc	earea	tnere	error	n.																	
Signatura	of Auth	orice	od Sig	notor	• • • •																		
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Designation	on/Statu	S						-															
Place																							
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Date																							
	Day		Mor	nth		Y	ear																

Form DVAT 07 PART - C

Details of additions / closure / amendment in particulars of additional places of business (Please complete all details in full for all cases of additions, closures, amendments in particulars)

1. Full Na	ame of Applicant Dealer																	
Registr	ration No./TIN																	
2. Details	of Additional Places of Business				(a	ttac	h aa	lditi	ona	l sl	hee	ts ij	re	qu	irea	<i>l</i>)		
Type	☐ Godown / Warehouse ☐ Fa	ctor	ry		S	hop				Otł	ner	pla	ce (of	busi	ines	S	
Nature of	Nature of change (tick ☑ as applicable) □ Closure □ Addition □ Amendment Date of change (mm/dd/yyyy) / / / / /															ıt		
Date of ch	nange (mm/dd/yyyy)				/			/								ı	1	
Address	Building Name/ Number																	
	Area/ Road																	
	Locality/ Market																	
	Distt.																	
	State																	
	Pin Code																	
	Email Id																	
	Telephone Number																	
	Fax Number																	
	Date of establishment				/			/										
State loc	cal sales tax/VAT/CST registration number	Da	ay			Mo	onth				Υe	ear	<u> </u>					\top
(if place o	of business is situated outside Delhi)																	

Type	☐ Godown / warenouse ☐ Fa	actor	y	U ,	Snop)	L	1 0	tner	prac	ce or	bus	ines	S	
Nature of	change (tick ☑ as applicable)				Closi	ure		ı Ac	lditi	on		Am	nendi	ment	t
Date of ch	nange (mm/dd/yyyy)			/			/								
Address	Building Name/ Number														
	Area/ Road														
	Locality/ Market														
	Distt.														
	State														
	Pin Code														
	Email Id														
	Telephone Number														
	Fax Number														
	Date of establishment			/			/								
State loc	cal sales tax/VAT/CST registration		ıy		Mo	nth			Y	ear		_	T		
(if place o	of business is situated outside Delhi	ر			<u></u>							<u> </u>	<u> </u>		
	,														
	- C 1 /W 1			- C1					1	1					
J 1	Godown / Warehouse	ectory		Sh						_			sines		
	change (tick ☑ as applicable)	1		CI	losur	e		Ac	lditi	on		Ar	meno	lmer	nt
	ange (mm/dd/yyyy)	_		/			/						<u> </u>	I	l
Address	Building Name/ Number	<u> </u>													
	Area/ Road														
	Locality/ Market														
	Distt.														
	State														
	Pin Code														
	Email Id														
	Telephone Number														
	Fax Number														

Month

Year

Date of establishment

(if place of business is situated outside Delhi)

State local sales tax/VAT/CST registration Day

number

Type	☐ Godown / Warehouse ☐ Fac	ctory	1		hop) O	ther 1	place	e of l	busine	SS	
Nature of	change (tick ☑ as applicable)				losu	re		Ad	lditio	n		Ame	ndme	nt
Date of ch	nange (mm/dd/yyyy)			/			/							
Address	Building Name/ Number													
	Area/ Road													
	Locality/ Market													
	Distt.													
	State													
	Pin Code													
	Email Id													
	Telephone Number													
	Fax Number													
	Date of establishment			/			/							
State loc	cal sales tax/VAT/CST registration	Da	y		Mo	nth			Ye	ar				
(10. 1	number													
(if place o	of business is situated outside Delhi)													
3. Verification	ation													
I/We							•		•			d dec		
	nation given hereinabove is true and as been concealed therefrom.	d co	rrec	t to t	he b	est o	ot m	y/ou:	r kno	wle	dge	and be	elief a	and
	of Authorised Signatory													
_	e (first name, middle, surname)													
Designati	•													
			1											
Place														
Date														
	Day Month Year													

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

□ Amendment

Form DVAT 07 PART - D

Addition/Deletions/Amendments in Particulars of the authorised signatory

□ Addition

□ Deletion

Nature of change (tick ☑ as applicable)

Date of change (mm/dd/yyyy)		/			/										
• (In case of amendments of existing fields that are to be amended. Al				_							erea	ıfter	onl	y tho	ose
• (In case of deletion of a person,	plec	ase fill	in f	field	ls 1	& 2	onl	y)							
• (In case of addition of a new per	son	, pleas	e co	отр	lete	the	For	m in	full	()					
1 Full Name of Applicant Dealer															
1. Full Name of Applicant Dealer															
Registration No./TIN															
2. Name of Authorised Signatory															
(Provide in order of first name	e, m	iiddle													
name, surname)															
								ı			1	I		1	
3. Date of birth /	/				4. (Geno	der (tick	Øo	ne)	Male	2	□I	Fema	ıle
	L		<u> </u>												
5. Father's / Husband's name															
	1	First N	Vam	ne			N	Iidd	le N	ame		St	ırnaı	ne	
6. PAN :					7. P	assp	ort	No.							
						- 1							1		

8. E-mail address																						
					•			ı				L. C.										
9. Residential Addre	В	Building Name/ Number																				
(If different from p	A	Area/ Road																				
place of business)	L	Locality/ Market																				
	D	istt.																				
	S	tate																				
			P	in Co																		
			T	elepl	none	Nun	nber															
			F	ax N	umb	er																
10. Permanent Addre	В	Building Name/ Number																				
(If different residential addre		from	A	Area/ Road																		
residential adare	L	ocali																				
			D	istt.																		
		St	State																			
			Pi	Pin Code																		
			To	Telephone Number																		
			Fa	ax N	umbe																	
11. Declaration																						
I/We													•		emi	•						
that the person nam													_		-							
business for which actions in relation to									g fil	ed/	1S	reg	gist	ere	d u	nde	er t	ne	Ac	t. A	AII I	าเร
										Г	N oci	ana	tic	.n/S	Stati	10			Sia	noti	ıro	
·	Full Name (First name, Middle Name, Surname)											Designation/Status Signature										
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														
Day Month Year														

Form DVAT 07

PART - E

Calculation of Modified Security

A. Pı	rescribed Security	((Rs)		1,00,0							
B. Re	eduction sought (M	icable	Tick e items		Rebate (R							
1	Proof of ownershi	p of principal place of business							30,0			
2	Proof of ownersh partner	g			20,000							
3	Copy of passport				10,000							
4	Copy of Permane allotted by the Inc	SS			10,000							
5	Copy of last electrons business and for the registration for				10,000							
6	Copy of last telebusiness and for the registration for				5,000							
	otal Reductions Al otal of B1 to B6 as	lowed applicable, subject to maximun	n of Rs.5	50,000	0)	l						
D. Se	ecurity to be furnis	(A-C))									
E. Se	ecurity already fur	nished and valid as on date										
F. Ac	dditional security ((D-E))									
G. A	dditional Security											
			, ,		, , ,							
			/									
			Day		M	onth		Y	ear			

Verification	on																				
I/We			here	by s	olem	nly a	affirr	n and	d dec	clare	that	the									
information nothing ha	_							and	corr	ect to	o the	bes	t of	my/o	our l	know	ledg	e an	d be	lief	and
Signature of Authorised Signatory																					
Full Name (first name, middle, surname)																					
Designation	on/St	tatus																			
Place																					
Date																					
	D	ay		Moi	nth		,	Year	•												

Instructions for filling Form DVAT 07: (For details please refer to Section 21 and Rule 15)

- 1. Please remember to fill in your registration number/TIN at all places provided
- 2. Please note that the following supporting documents, if applicable, have to be submitted along with the amendment application:
 - (i) Proof of change in the name of the business.
 - (ii) Proof of change in the principal/ other places of business.
 - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
 - (iv) Proof of change in constitution of the business.
- 3. Please note that this form has to 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 an other person, by some person competent to act on his behalf.
- 4. In case any Part is not applicable, please strike off the same and write 'Not Applicable' on the face of the said Part.