

FORM – A

Application for Registration as a Dealer under Section 7(1) / 7(2) of the Central Sales Tax Act, 1956

To
The Assistant / Deputy commercial Tax Officer

| | | | |
|-----|-----|------|--|
| Div | Cir | Unit | |
| | | | |

| | | |
|---------------------|--------|------------------|
| | Son of | |
| (Name of applicant) | | (Name of father) |

On behalf of the dealer carrying on the business know as

| | |
|--------------------|----------------------------|
| | |
| (Name of business) | (Style/Nature of business) |

Within the state of ANDHRA PRADESH hereby apply for a certificate of registration under section 7(1) / 7(2) of the Central Sales Tax Act, 1956 and give following for this purpose.

1. Name of the person deemed to be the manager in relation to the business of the dealer in the said state.

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|--|
| |
|--|

2. Status of the applicant 1. Manager 2. Partner 3. Proprietor
(Tick whichever is applicable) 4. Director 5. Officer –in charge of the Government business

3. Name and full postal address of the principal place of business in the said state:

| | | | | | | | |
|-----------------------|---|--|--|--|--|--|--|
| Name : | | | | | | | |
| Address : | | | | | | | |
| Building Name : | Building Number | | | | | | |
| Ward Name : | Ward Number | | | | | | |
| Street/Road : | | | | | | | |
| Village/Town : | | | | | | | |
| District : | STATE..... | | | | | | |
| Pin code : | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | |

Nature of business may be –

- 1. Partnership 2. Private Ltd. 3. Public Ltd. 4. Society 5. Trust 6. Club 7. Association
- 8. Govt. Company 9. Hindu undivided family 10. Works contract 11. Hotels

4.Name(s) and address (es) of all the other places of business in the said state. (if the space in this column is found to be insufficient additional sheets may be used and duly signed)

| | |
|-----------------------|---|
| Name : | |
| Address : | |
| Building Name : | Building Number |
| Ward Name : | Ward Number |
| Street/Road : | |
| Village/Town : | |
| District : | STATE..... |
| Pin code : | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

5. Complete list of godowns in which the goods relating to the business are stored and address of every such godown. (Attach additional sheet if required)

| | |
|-----------------------|---|
| Name : | |
| Address : | |
| Building Name : | Building Number. |
| Ward Name : | Ward Number |
| Street/Road : | |
| Village/Town : | |
| District: | STATE..... |
| Pin code: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

6. Name(s) and address (es) of all the other places of business in each of the states. (Attach additional sheets, if required)

| | |
|----------------------|---|
| Name : | |
| Address : | |
| Building Name: | Building Number. |
| Ward Name : | Ward Number |
| Street/Road: | |
| Village/Town : | |
| District: | STATE..... |
| Pin code: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

7. The business is

| | | | | |
|--------|--|--|--|--|
| Wholly | | | | |
| Mainly | | | | |
| Partly | | | | |

Specify whether business is wholly agriculture, mining, manufacturing, Leasing, wholesale distribution, retail distribution, Contracting or catering etc., or any combination of two or more of them.

8. Particulars relating to registration, license, permission etc., issued under any law for the time being in force, of the dealer.

| Div | Cir | Unit | Number | |
|-------|-----|------|--------|--|
| APGST | | | | |
| | | | | |

9. Name and address of the Chamber of Commerce, Trade Association or Commercial body of which the dealer is member.

Name:

Address:

10. The language in which the accounts are kept and maintained

11. Name(s) and address(es) of the proprietor, partners, members, all persons having any interest in the business (Additional sheets with the following columns shall be used, for each partner/Director if necessary)

- a) Serial number :
- b) Name in full of each person :
- c) Name of father of each person :
- d) Age of each person :
- e) Extent of interest of each person in the business :
- f) Present address of each person :
- g) Permanent address of each person :
- h) Signature of each person :

i) Name, address and signature of witness attesting signature and identifying the proprietor/partners at Sl.No. 11(h)

| Sl.No. | Name | Signature |
|--------|------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Attestation by Witness (Registered dealer)

| Name | Address | R.C Number | Signature |
|------|---------|------------|-----------|
| | | | |
| | | | |

12. Date of commencement of business:

| | | |
|----|----|----|
| DD | MM | YY |
| | | |

13. The first sale in the course of Inter-state trade was effected on:

| | | |
|----|----|----|
| DD | MM | YY |
| | | |

14. The accounting year followed by the dealer for the purposes of Income-Tax Act:

| | |
|------|----|
| From | To |
| | |

15. We make up our accounts of sales at the end of (Tick whichever is applicable) :

1. Every month 2. Quarter 3. Half Year 4. Year

16. Details of goods ordinarily purchased by the dealer in interstate trade:
(Attach additional sheets if required)

a) For resale.

| | Commodity description | Code | | Commodity description | Code |
|---|-----------------------|------|---|-----------------------|------|
| 1 | | | 3 | | |
| 2 | | | 4 | | |

b) Use in manufacture of goods or processing of goods for sale

| | Commodity description | Code | | Commodity description | Code |
|---|-----------------------|------|---|-----------------------|------|
| 1 | | | 3 | | |
| 2 | | | 4 | | |

c) Use in the mining/use in the generation or distribution of electricity/use in packing of goods for sale/resale (Tick whichever is applicable)

| | Commodity description | Code | | Commodity description | Code |
|---|-----------------------|------|---|-----------------------|------|
| 1 | | | 3 | | |
| 2 | | | 4 | | |

17. Name of goods manufactured by the dealer (Attach additional sheets if required)

| | Commodity description | Code | | Commodity description | Code |
|---|-----------------------|------|---|-----------------------|------|
| 1 | | | 3 | | |
| 2 | | | 4 | | |

DECLARATION

I,.....son/daughter/wife ofdeclare that to the best of my knowledge and belief, the information in this application given above is true and correct.

Place: Name address and signature of the person signing with the status and relationship to the Dealer

Date: (Here state whether Manager, Partner, Proprietor, Director, Officer-in-charge of the Government Business)

(FOR OFFICIAL USE BY THE REGISTERING AUTHORITY)

1. Date of receipt of application :
2. Nature of order passed by the Registering Authority in the application :
3. Registration certificate number and date of issue (APGST):

| Div | Cir | Unit | Number |
|------|-----|------|--------|
| | | | |
| Date | | | |
| | DD | MM | YY |

4. Registration certificate number and date of issue (CST):

| Div | Cir | Unit | Number |
|------|-----|------|--------|
| | | | |
| Date | | | |
| | DD | MM | YY |

5. No. of branches :
6. No. of godowns :
7. No. of partners :
8. No. of commodities :
9. Old R.C. No. APGST :
10. Old R.C. No. CST :

SIGNATURE OF THE REGISTERING AUTHORITY

NOTE:

1. On every additional sheet of paper used, indicate the Registration Certificate number with division, circle and Unit number. Also indicate the serial number of the information to which it pertains.
2. Write the page number of each additional sheet attached to this form starting from page number
3. Total number of pages enclosed.....