

**APPLICATION FOR  
GENERAL REGISTRATION (TOT) UNDER APVAT ACT 2005**

[ See Rule 4(2) ]

**FORM TOT 001**

Affix Passport Size  
Photo of  
Sole Proprietor.  
In case of Partnership  
firm/Companies/others  
Affix photos of  
persons responsible on  
001B

Submit in duplicate  
Read notes before completing this form  
Use separate sheets where space is not sufficient.

To  
The Asst. Commercial Tax Officer,  
\_\_\_\_\_ Circle.

<b>01</b> Name of the dealer: APGST No. if any:	
<b>02</b> Address of Place of business: Door No: Locality District Phone No: Email :	Street Town/City Pin Code Fax No: Website URL:
<b>03</b> Occupancy Status of the business premises: Owned/Rented/Leased/Rent-free/Others	
<b>04</b> Status of business: (Mark “ ✓ “ where applicable)  Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/>  Public Limited Company <input type="checkbox"/> Govt. Enterprise <input type="checkbox"/> Others (Specify) <input type="text"/>	
<b>05</b> Name & Residential address of the person responsible for business :	Name : Father/Husband Name: Date of Birth: Door No. Street Locality Town/City District Pin Code Phone No Fax No. Email:
<b>06</b> Nature of Principal business activities:	
<b>07</b> Principal Commodities traded:	
<b>08</b> Bank Account Details:	
1. <u>Bank Name</u> :	<u>Branch &amp; Code</u>
2. <u>Bank Name</u> :	<u>Account No.</u>
<b>09</b> Income Tax Permanent Account Number: (PAN)	
<b>10</b> Addresses of additional places of business / Branches /Godowns in A.P. <b>Use form 001A</b>	
<b>11</b> Particulars of Partners/Directors/ Responsible person of the business: <b>Use Form 001B</b>	

<b>12</b> Taxable Turnover of your business for the last 12 consecutive months :
<b>13</b> Estimated taxable turnover of your business for next 12 consecutive months :
<b>14</b> Date on which taxable turnover for 12 consecutive months exceeded Rs.5 lakhs
<b>15</b> Registration Number (if any under Profession Tax Act)

<b>Declaration:</b>	
I _____	S/o. _____
Status _____ of the above enterprise hereby declare that the particulars given are true and correct to the best of my knowledge and belief. I undertake to notify immediately to the registering authority of any change in any of the above particulars.	
Signature with Stamp.	Date of application.

**FOR OFFICE USE ONLY**

<b>16</b> Date of receipt of application:
<b>17</b> Effective date of registration:
<b>18</b> Date of certification by Registering Authority:
<b>19</b> Date of refusal of registration by Registering Authority:
<b>20</b> GENERAL REGISTRATION NUMBER:

**NOTES FOR COMPLETION OF THE APPLICATION FORM  
FOR GENERAL REGISTRATION (TOT)  
DESCRIPTION**

**Please fill in the name of the tax office in whose jurisdiction your business premises is located and applying for TOT registration.**

- 01 **Name of the dealer:** Enter the name you wish to be registered under APVAT Act 2005. .
- 02 **Address of Place of business:** Fill in the details of the actual location of your enterprise like: door number, street, locality, town/city and where possible indicate the name of building if any and floor etc., Fill all the details applicable in the space provided for.
- 03 **Occupancy Status of the business premises:** Strike off which ever is not applicable.
- 04 **Status of business:** Tick category appropriate to your business . In case of other, please specify
- 05 **Name and residential address of the Person Responsible for business:** In the case of a proprietary concern, details of the Proprietor; Partnership firm, details of Managing Partner; Public Limited Company/Private Limited Company, details of Managing Director should be filled in. In case of others, person who is authorised to do business should be filled in.
- 06 **Nature of Principal Business Activities:** Fill in the description of your main business activity.  
  
Ex: Manufacturer, Distributor, C & F Agent, Wholesaler/ Stockiest, Retailer, Agent, Works Contractor, Hotels, Leasing and any combination of these activities. If any other specific activity is undertaken, please indicate the same.  
If it does not fit in the space provided on the form, or there are additional business activities, record these on a separate sheet.
- 07 **Principal Commodities traded:** Fill in the description of your Principal Commodities traded.  
  
For example: If you are dealing in drugs & medicines as a medical stores and also incidentally sold cosmetics, you should indicate drugs & medicines as the principal commodity. Likewise, a Kirana / Departmental store, should indicate "Groceries" as your principal commodity.
- 08 **Business bank account details:** Fill in the name of your bank, branch along with the relevant code and your account number. In case you have more bank accounts, you should mention all the details of accounts relevant to business.
- 09 **Permanent Account Number:** Indicate your permanent account number allotted by the Income Tax Department.
- 10 **Addresses of additional places of Business/Branches/Godowns (if any):** Fill in the addresses of branches of the business if there are any. Additional places/ branches/godown must be declared on Form TOT 001A.
- 11 **Particulars of Partners/Directors/ Persons Responsible for the business:** Please use Form TOT 001B which is self explanatory.
- 12 **Taxable turnover of your business for the last 12 consecutive months:** Please indicate your turnover of taxable goods scored in the last 12 consecutive months.
- 13 **Estimated taxable turnover of your business for the next 12 consecutive months:** Being a new business, please indicate your expected turnover of taxable goods for the next 12 consecutive months.

14. **Date on which taxable turnover for 12 consecutive months exceeded Rs.5 lakhs:** Since you are already in business please mention the date on which you have exceeded Ras.5 lakhs turnover of taxable goods in the last 12 consecutive months.
15. **Registration Number under Profession Tax Act:** Please enter the registration number allotted to you, if any, under A.P. Profession Tax Act.

**IMPORTANT:**

- a) Copy of Proof of Identity of the sole proprietor/managing partner /managing director / responsible person for the business like copy of passport, voter Identity card, Proof of bank account, Credit Card, Ration Card, Driving license etc., must be enclosed.
- b) Please fill in and enclose Form TOT 001A and TOT 001B if they found necessary.