

Area 8d: Registration for Value Added Tax (VAT)

219: Design and implement a system that allows online application, payment, tracking and monitoring without the need for a physical touch point for document submission and verification

Response:

Yes

Remarks:

The system for online application, payment and tracking and monitoring for document submission and verification for 'Central Sales Tax' can be accessed at

www.mahavat.gov.in/Mahavat/index.jsp

Supporting Documents:

Please find below the step-by-step process for online application:

The applicant enters the URL: <u>www.mahavat.gov.in/Mahavat/index.jsp</u> and click on "e-Registration" on the left hand side of the portal.



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The applicant then enters the Login Credentials (User ID, Password). As seen in the screenshot, for E-Registration the user can login as a "New user" or if he/she has created a user ID, then he/she can click on "Existing User"



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Once, a user clicks on "New User, Register Here", the page will navigate to 'Options for Registration'. Then select "New Dealer Registration under various Acts"



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New Dealer Registration under various Acts
Existing Dealer Registration
Other Bodies Registration(TDS Employer, TCS, GovL and Other Bodies)
Consulate Registration
STP/Advocate/CA/CS Enrolment

Once "New Dealer Registration under various Acts" is selected, an instructions page with all 7 acts is displayed. Clicking on a particular act displays instructions pertaining to that act.

After that the PAN/TAN and CAPTCHA details need to be added

		PAN/TAN	N Details	
	PAN O TAN			
PAN:				
Constitution:	Person	\sim	Proprietor	\sim
Image:	D5d2		Ċ	
Captcha:	D5d2			
		Next		



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The next is the user details screen such as email ID, mobile number, etc

User Details								
Your user ID:	AAQPD5678J							
*Full Name:	Smt SURINDER							
*Email ID:								
Re-enter Email ID:								
*Mobile Number:								
	Create Profile							

Once the user enters details, he/she gets a confirmation message screen and an activation link is sent via email and mobile

Link has been sent to your registered email ID 'ishani.7.shetty@niit-tech.com'. Please F	ollow below steps for cre
Step 2: On the User Details verification page, enter One Time Password(OTP) sent to y	ou on your Registered M
Note: Please check your Junk/Spam folder in case you do not find the email into you	r Inbox.
If you have not received the email	
i you nave not received the cinda.	
 Check whether email ID 'ishani 7 shetty@niit-tech.com' provided by you is correct ? 	Back
 Check whether email ID 'Ishani.7.shetty@niit-tech.com' provided by you is correct ? 	Door

The user then has to go to his/her personal Email ID and click on the activation link provided in the email. The link takes the user to a Profile Activation page. On the Profile Activation page, the user has to enter a one-time password that is sent to his/her mobile number



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	Profile Activation	
Name as per PAN/TAN: One Time Password: User ID: Security Question:	Resend OTP	
Answer:	Submit	
Enter OT	Phere	

Successful submission will give out a welcome message from MSTD. Email is generated on successful profile activation and is sent to the applicants email id with his temporary id and password.

Once a temporary profile is created, the user has to "e-Register" on the website – <u>www.mahavat.gov.in/Mahavat/index.jsp</u> by clicking on the "e-Registration" link







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Click on existing dealer login to input temporary user id and password.



Online Application:

The user then clicks on "Registration" and selects the "New Registration"



Once the user is at the "Registration" Dashboard, he/she can select a single Act or a combination of Acts for a new registration

Select 'The Maharashtra Value Added Tax Act, 2002 (MVAT)'

- Select Type of dealer from dropdown list:
 - a. Regular Dealer
 - b. Casual Dealer
 - c. Non Resident Leader
 - d. Voluntary Dealer

Click on 'NEXT'

						Registration						
elect Act	2 Registration Form	3 Business Details	4 Other Registration	5 POB Details	6 Bank Accounts Details	7 Commodities	8 Additional POB	9 Details of Residential	10 Signatory to the Application	11 FORM 105	12 Other States POB	•
					Sele	ect Act Type						
			Th	e Maharashtra V	alue Added Tax	Act, 2002 (MVA	T)					
			Th	e Central Sales 1	ax Act, 1956 (C:	ST)						
			Th Th	e Maharashtra T	ax on Luxuries A	ct, 1987 (LUXU	RY TAX)					
			Th Th	e Maharashtra S	tate Tax on Profe	essions, Trades	Callings and Er	mployments A	ct, 1975 (PTRC)			
			Th Th	e Maharashtra P	urchase Tax on	Sugarcane Act,	1962 (SCPT)					
			🗌 Th	e Maharashtra T	ax on the Entry o	of Goods into Lo	cal Areas Act, 2	002 (ENTRY	OF GOODS)			
			Th Th	e Maharashtra S	tate Tax on Profe	essions, Trades	. Callings and Er	mployments A	ct, 1975 (PTEC)			
		Type of deale	:	Regular Deal	Hr v	•						
					Dag	o 0 of 21						
					гав	6 9 01 31						



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The applicant has to then fill the Application Form 101

Select the Location of Sales Tax Office jurisdiction from dropdown menu (based on dealer's place of business)

Select the Composition scheme, if the dealer is already doing business as given in listed checkboxes

	Application for	FORM 511 (Siee Intel 17A (2) and rate 80 m for Registration worker vectors 16 of The Maharashtha Value Added Tax Act, 2002
	76.	
	The Bagistering Authority	
	I hereity apply for grant of regultration under section 16 of the Mar	Aareshthe Velue Added Tax Act. 2002
	1. Name of the Business J Programs * jas mentioned as Phile Step	MIN HOLCOF BERVICES (SOUTH ASIA) LIMITED
	3 Trade (Brand Name(II) (R any)	Consultancy Add
		sperature Date
		officer serviced Diskle
	8 Contribution of Baseliness	and the second s
	Delater(s) regited to Combuter of Boston	2 Intervention of Association
	2.6-12	C Address of Association
		2 Certificate for Negotiation of Companies
		2 Based Resolution in authority Dowing for Arrangement Ration and present for at Brecht
		2 Family Company Arts
		2. Pam redik ta
	a finan fan	, MEDPEDH
	Data amonto response for your of Percelons *	2 mi d'Impis
		(Screen B.2)
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Documents req 5. Location of Bas 6. Do you want to	Document lists are provided will applicant have to tick on the ch used for proof of PANTAN - es Tax Office having Jutitiditien over place of thusiness. off for composition scheme in tieu of sales tax payathet	(Screen §.2)] herever necessary with a checkbox and new heckbox to confirm the inclusion of document at MAPS roars, MAPS roars, MA
Documents req 5. Location of Bak 6. Do you want to	Document lists are provided w applicant have to tick on the ch used for proof of FMATAN * IS Tax Office having Jumiliction over place of flusiness. opt for composition scheme will be of sales tax payeters Between Festaarant/Calerer	(Screen §.2)] herever necessary with a checkbox and new heckbox to confirm the inclusion of document at MAPS rear.7. Here of Company State Manarashtra 27 Yes No

He/she then fills in all the Commencement Dates



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8. Date on which liability to pay tax arises: 01/04/2	016
0. Deried for which registration is required (For Caucal Dealer antic)	
9. Period for which registration is required (For Gausar Dealer only).	
From Date: DD/MM	VYYYY
To Date: DD/MM	INYYYY
10. Reason for Registration*. Exc	eeding the prescribed turnover limit

18. Reasons for Registration

• Every reason selected, requires dealer to fill in the required details and upload documents as mentioned accordingly

10. Reason for Registration*,	Exceeding the prescribed turnover limit
	-Select Reason for Registration
	Exceeding the prescribed tumover limit
n which turnover limits exceeded	Change in constitution
	Part transfer of business
	MergeriAmalgamation
	Full transfer of business
ver lanat	Full Transfer of business due to death of Proprietor
	Demerger



1. Exceeding the prescribed turnover limit

10. Reason for Registration*:	Exceeding the prescribed turnover limit		
Date on which turnover limits exceeded:	12/05/2015		



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ocuments required	for	Exceeding 1	the	prescribed	turnover	limit	
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- Month wise Purchase Summary
 - Month wise Sales Summary
- III wise Sales Statement

E

- Bill wise Purchase Statement
- Sale Bill on which threshold limit exceeded
 - Purchase Bill (in cases where Purchase Tax is leviable)
- C Lotry/transport receipt of purchase

(Screen 3.6)

2. Change in constitution

10. Reason for Registration*	Change in constitution	
Change in Constitution		
Mention the previous and the new constitution;		
TIN (Previous):		
Change in Constitution from	Proprietorship	
Τ0.	Pathenhip	~
With effect from	Feb 25, 2016	
Documents required for proof		
Change in Constitution from Partnership to any other constitution		
RC Cancellation Order of old from	Desolution deed	
From any constitution (other than partnership firm) to any other con	stitution	

3. Part transfer of business

Part transfer of business Mention the name of the transferor and date of transfer: TIN: Business transferred from (Name): With effect from: DD/MM/YYYY Documents required for Part Transfer	10. Reason for Registration".	Part transfer of Dusiness 👻
Mention the name of the transferor and date of transfer: TIN:	Part transfer of business	
TIN:	Mention the name of the transferor and date of transfer:	
Business transferred from (Name): With effect from: DDMMMYYYY Documents required for Part Transfer	TIN	
With effect from: DD/MM/YYYY	Business transferred from (Name):	
Documents required for Part Transfer	With effect from:	DDMMVYYYY
Documents required for Part Transfer		
	Documents required for Part Transfer	
✓ Transfer Agreement	✓ Transfer Agreement	



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4. Merger/ Amalgamation

	To Date: DOM	69999	
	10. Reason for Registration*:	Mergen Analganassa 👻	
Merger/Amalgamation		Add	
TIN	Business(es) to be Merged or Amalgamated	With effect From	
		DDMMAYYYY	Delete Delete
Documents required for Merger			
✓ Transfer Agreement	Merger Order from court	RC Cancellation On	der

(Screen 3.9)

5. Demerger

	10. Reason for Registration*:	Demerger	~
Deme	rger		
	TIN:		
	Business to be Demerged (Name):		
	With effect from:	DD/MM/YYYY	
Documents required for Demerger			
✓ Transfer Agreement	De-Merger Order from cour	t	RC Cancellation Order

6. Full transfer of business due to death of Proprietor

10. Reason for Registration*:	Full transfer of business	¥
Full transfer of business		
Mention the Tin, name of transferor and date of transfer:		
TIN (Transferor):		
Business transferred from (Name):		
With effect from:	DD/MM/YYYY	—
Documents required for Full Transfer		
✓ Transfer Agreement	RC Cancellation order	



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7. Full transfer of business

10. Reason for Registration*.	Full Transfer of business due to death of Proprietor				
Full transfer of business due to death of Proprietor					
Mention the name of the transferor and date of transfer:					
TIN					
Business transferred from (Name):					
With effect from:	DOMMYYYY				
Documents required for Full Transfer in case of death of Proprietor					
Death Certificate No Objection Certificate from	m Legal heirs RC Cancellation order				

Indicate existing registration and fill all relevant details

11. Indicate Existing Registration				
			Registration Details	
Central Excise:	Yes	~	CE123	
IEC No.(input importer exporter code number):	Yes	~	IEC123	
CST Registration No:	No	~		
State Excise No:	No	~		
Service Tax:	Yes	~	ST123	
Corporate Identity Number (CIN):	No	~		
PTRC:	No	~		
PTEC:	No	~		

Details of the "Principal place of Business" need to be filled next by the applicant. Electricity bills and IGR are mandatory fields



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12. Details of Principal Place of Business		
Address		
Building No/Flat No/Door No:	2313	
Floor No:	4	
Name of the Premises/Building:	hariniwas apt	
Road/Street/Lane	hariniwas apt road	
District	MUMBAI	÷
Taluka/Area:	MUMBAI (M. CORP)	~
Post	Nariman Point	÷
Pincode	400021	
Latitude(Optional)		
Longitude(Optional):		

(Screen 3.14)

Contact Details				
	Telephone No 1 with STD Code.	022	26506734	
	Telephone No 2 with STD Code	ETD Code		
	Mobile No 1*	6062410128		Residenced as obliga
	Mobiler No 2			number and email
	FAX NO.	43001756		 auto populated.
	Email Address 1*	anisha manvatkar@	gmail.com	
	Email Address 2			
	Vietosilar	www.tech1-tech2.co	mi	

Electricity & IGR details

Electricity Bill Details		
Service Provid	er (MSEB	
Consumer I Billion I	NO 0043 VIRAR EAST SIDN.	
IGR Details		
IGR Details		
GR Details	KL AMPRICES	*
IGR Details Dear Location of Sub-regist	act AMPANATS	*
IGR Details Dear Location of Sub-registr 19	ari ari ari	*

Similarly details of other possession of premises also need to be provided:

Nature of possession of premises *:	۲	Owned	\bigcirc	Transit/Online Sellers
		Leased		Rented/Leave and license
		Tenancy/Sub-tenancy		Consent
		Rent free		Stall Booking (only applicable for casual)



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1. Owned premises:

Nature of possession of premise	s *: Owned Transit/Online Sellers
Documents required for pro	of of Place of Business(Select any one)
	✓ Latest electricity bill*
	Property Card
	Registered Ownership deed
	Registered Agreement (including Index II) with the builder
	Society maintenance receipt
	Share certificate of Co-operative society in the name of applicant
	Certificate showing the address of the applicant issued by the manag

2. Transit/ online sellers:

Nature of possession of premises *:	0	Owned Transit/Online Sellers
Documents required for proof o	of Pla	ace of Business(Select any one)
	Z L	atest electricity bill *
	_ In	n case of transit Agreement/ Letter of allotment.
	In	n case of Online Sellers Agreement between main company (online

3. Leased premises:

Nature of possession of premises *:	0	Owned	0	Transit/Online Sellers	
	۲	Leased	0	Rented/Leave and license	
Documents required f	or p	roof of	Place of B	usiness(Select any	one)
			Latest el	ectricity bill *	
				-	

4. Rented premises:

Nature of possession of premises *:	0	Owned	0	Transit/Online Sellers
		Leased	۲	Rented/Leave and license

Latest electricity bill *
Registered leave and license agreement in the name of applicant alo
Ownership proof of Licensor
Property Card
Registered Ownership deed
Registered Agreement (including Index II) with the builder
Society maintenance receipt
Share certificate of Co-operative society in the name of applicant



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5. Tenancy premises:

Nature of possession of premises *:		Owned		Transit/Online Sellers
		Leased		Rented/Leave and license
	0	Tenancy/Sub-tenancy		Consent
Documents required for proof o	f Pla	ce of Business(Selec	t any	(one)
12	R	egistered Tenancy/Sub-	tena	ncy agreement
	La	atest Rent Receipt		

6. Consent premises:

Mature of nonsension of nemmes *		Partnert		Transit/Police Reflects	
familie of presentation of pressions		Onnied		Transie Grane Genera	
		Leased		Rented/Leave and Icense	
	0	Tenancy/Bub-tenancy		Consent	
Documents required for proc	of of F	Place of Business(S	šelec	t any one)	
	\mathbb{Z}	Latest electricity bill			
		Consent letter from	famil	y member/s in the name of applicant	(owner
		Ownership proof of	Cons	enter/s	
		Property Card			
		Registered Ownerst	nip di	ed	
		Registered Agreem	ent a	ncluding Index II) with the builder	
		Society maintenance	e rec	eipt	
		Share certificate of	Co-0	erative society in the name of application	text
		List of directors from	n Reg	istrar of Companies of sister concern	
		Board Resolution of	cont	enter company	
		Consent letter and s	signa	ure proof of consenter Director	

7. Rent free premises :

Nature of possession of pre-	mises *:		Owned		Transit
			Leased		Rented
			Tenancy		Consent
		1.01	Rent nee	0	Stall Booking (only applicable for casual
Documents required for proof o	of Place	of Busi	ness(Select	any o	00)
1.	Late	st electri	city bill*		
C	Gons	serit lette	r from family i	memb	er/s in the name of applicant (owner
C] Own	ership p	roof of Conser	ster/s	
	Prop	erty Car	đ		
C	Regi	stered C	whership dee	đ	
C	Regi	stered A	greement (inc	luding	Index II) with the builder
	Bock	ety main	tenance receip	pt	
	Shar	e certific	ate of Co-ope	rative	society in the name of applicant
C	List	of directs	ors from Regis	trar of	Companies of sister concern
C	Boar	d Resolu	ution of conser	nter co	empany
	Cont	ent lette	r and signatur	e proc	of of consenter Director

8. Stall booking :

	Leased		Rented/Leave and license
	Tenancy/Sub-tenancy		Consent
	Rent free	۲	Stall Booking (only applicable for casual)
	and the second s		



Details of main nature of business are to be provided:

Please	entioned Premises			
Main Nature:	Financial Institutions	×	Part Nature:	Bonded Warehouse EOL//STP/EHTP Cable & DTH Services Printing Office/Sales Office

Select MICR or IFSC code to input bank account details:

Add bank accounts	Delete bank accounts		
Total number of Ban	k Accounts maintained by the	applicant for conducting business:	1
			\leftarrow
	Select Entry*	MICR Code IFSC Co 1245546546544	ide
	Type of Account:	SAVING	
	MICR Code:	454648587	
	Name of the Bank*:	ANDHRA PRAGATHI GRAMEENA BAN	ĸ
Branch and Ad	Name of the Bank*: Idress of the Bank and Branch:	ANDHRA PRAGATHI GRAMEENA BAN malad	ĸ

Document Required for bank details 🐮 📝 Scanned copy Cancelled Cheque of Current Account in the name of firm/business

Account number*:	345678909787669	
Type of Account:	CURRENT	~
IFSC:	ALLA0210078	Get detail
Name of the Bank*:	ALLAHABAD BANK	~
Branch and Address of the Bank and Branch:	MAHOBA	
Pin Code:	243444	
State:	Maharashtra	
le		+
	Get details would fetch Name o branch and <u>pincode simulatane</u>	of the bank,



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Enter main commodities sold or purchased in your business

Name of Commodity	0chedule:		Beiect Entry and	d Bub-Entry		and a state of the	HEN Code of Co	modty
steel	A ~	Pease select entry	Entry No	BUD-ENTRY NO	Please select HSN	Heading No	010110	Pure-tree treeding to
gold	6 Y	Please select entry	42	1	Peace select HSN	24	211140C	Live hurses, annes, en
			(Scr	een 3.27)			
		[,			
		Other	Commo	dities to	be Sold			
Name of Commodity	Schedule		Select Entry	and Sub-Entry			HSN Code of	Commodity
			Entry No	Sub-Entry No		Heading No	Tariff No	Description
silver	8 V.	Please select entry	02	-	Please select HSN	01	010210	Pure-bred breeding br
			(Scr	een 3.27)			
							7	
		15. Major	Commo	dities to	be Purcha	sed		
Name of Commodity	Ochedute		General Entry a Entry Ma	and bub Entry Sub-Driny An		Pleasan be	HSN Code of Texts to:	Commodity
diamond	0	Please select entry	-		Parata select HSN	24	910309	Live brothe anomala (a
			(Scr	een 3 28)			
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		Other	Commo	dities to	be Purcha	sed		
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			Date of Property Adult Target					
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e of Commodity Sch ets D	v Pea	Er Se select entry 10	thy No 5ub-1	Entry No Peak	Heal	ding No Ta	Code of Common artf No 635 UV	Description e beds (esct bids)
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Government Of Maharashtra

Nature of possession of premises *	Owned Transit						
	C Leased C Rented						
	Tenancy O Consent						
	 Rent free Stall Booking (only applicable for casual) 						
Scanned copy of Document to be uploaded:	Property Card						
	Registered ownership deed						
	Registered agreement (including Index II) with the builder						
	Latest electricity bill						
	Society maintenance receipt						
	Latest copy of MNTL/BSNL landline bill						
	Latest copy of bill of domestic gas agency						
	Share certificate of Co-operative society in the name of applicant						
	First page of passbook of saving Bank Account						
	Certificate showing the address of the applicant issued by the manager o						
	Agreement between main company (online platform) and applicant in cas						

Proprietor Details

17. Details of Proprietori al Partners/Kartaliklanaging Directors and whole time Director/Members of Managing Committee of Associations /Board of Trustees / all persons having any interest in the business. Total Number of Persons Note. Please provide details in the table below in case you need more tables, click on add button . In case of Proprietorship: Details of Owner: Proprietor. In case of Partnership: Details of all Managing/ Authorized Partners (personal details of all partners but photos of only ten partners including that of Managing Partner is to be submitted) In case of Companies registered under Companies Act. Managing Director and whole time directors. In case of HUF: Details of Karta of HUF. . In case of Trust: Details of Managing Trustee. In case of Association of Persons: Details of Members of Managing Committee(personal details of all members but photos of only ten members including that of Chairman is to be submitted) In case of Local Authority: Details of CEO or equivalent. In case of Statutory Body: Details of CEO or equivalent. In case of others: Details of person responsible for day to day affairs of the business. In case of LLP. If Partners Registered then TIN, otherwise as above of all partners.



Business Reform Action Plan 2016 Response by Government of Maharashtra

	(Scree	en 3.31)	
D - t - 11 - 743	(0000		
Details(1)			
Name of the pr	erson: namal mahek	singh	
Name of Father/Hus	band anup mahek	seigh]
	Designation/Status:		
	PAN:		
	OCI (Overseas Citizenship of India)		
	TIN(# LLP):		
	Passport No(in case of forlegners):		
	DIN No.(if any):		
	E-mail address:		
	Telephone No: Gender:	Mate 🗸	
L	FAX No:		
	(Scree	en 3.32)	
Residential Ad	diess.		
The second se	Building No Flat No Ocor No: 454		
	Pitor No. 45		
	Acad Street Lane netwards road		
	State: Www.akagorttaa Destruct: Wumbar (Suburbars) *	*	
	Tatuka Avea Post. Andres	*	
	Pecode: 463434		
	Langtude(Optional)		
The deale	er also specifies his/her	member associations	
			Assaulthing
13. We a	are members of:		Association



Government Of Maharashtra

17. Details of Proprietor/ all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations /Board of Trustees / all persons having any interest in the business.

Total Number of Persons 1

Note: Please provide details in the table below. In case you need more tables, click on add button

In case of Proprietorship: Details of Owner/Proprietor.

In case of Partnership: Details of all Managing/ Authorized Partners (personal details of all partners but photos of only ten partners including that of Managing Partner is to be submitted)

In case of Companies registered under Companies Act: Managing Director and whole time directors.

- In case of HUF: Details of Karta of HUF.
- In case of Trust: Details of Managing Trustee
- In case of Association of Persons: Details of Members of Managing Committee(personal details of all members but photos of only ten members including that of Chairman is to be submitted)
- In case of Local Authority: Details of CEO or equivalent.
- In case of Statutory Body: Details of CEO or equivalent.
- In case of others: Details of person responsible for day to day affairs of the business.
- In case of LLP, If Partners Registered then TIN, otherwise as above of all partners.

Any other documents on which the address is available.

Delete

Details(1)					
Name of the person:	·				
Name of Father/Husband:] [

Designation/Status:		
Date of birth:		
PAN:		
POI (Person of Indian Origin):		
OCI (Overseas Citizenship of India)		
PTEC:		
TIN(If LLP):		1
PTRC(If LLP)		
Passport No(In case of foriegners):		
UID No:		
DIN No.(If any):		3
Mobile Number:		
E-mail address:		
Telephone No:		1
Gender:	Male	~
FAX No:		



Government Of Maharashtra





Government Of Maharashtra

Manager / Authorised Signatory (Form 105)

	(9	creen 3 34)		
	(5	oreen 0.04)		
FORM-105	Declaration / Revised declaration under 5	Section 19 of the Maha	arashtra Value Added Tax Act, 2002	
I'We the undersigned engaged is previous declaration of the said	n the business and kable to pay the tax under concern that the person / persons mentioned !	the Maharashtra Value / herein below shall be de	Added Tax Act, 2002, do hereby declare / declare / remed to be the Manager/Authorized Signalory of th	super cession of the e said
businesses at andhest				
/ at all places of business within	the State of Maharashtra for			
the purpose of the said Act, and	he / they shall at all times comply with the pro	visions of the said Act ar	nd the rules made there under. The necessary defa	ils are as under.
1. Name of the applicant			Shiny ballal	
2. Name and Style of Busi	ness		retail	
3. Registration Certificate filed along with application	Number under the MNAT Act, 2002(n for registration)	not applicable if dec	claration is	
4. Details of the person de	eemed to be the Manager/ Authorized	d Signatory of the sa	aid business	
Number of Manager / Auth	orized Signatory		1 A01	Delete
(1)				
Name of the Person: PAN: UID No: Mobile Number: Email Address:	sheetal asghqjggkj y9657559 7878707097 797909709	Middle Nan	ne	mahar
Name of the Person: PANE UID NO: Mobile Number: Email Address: Telephone No:	sheetal asghqjggkj y0657559 7878707097 797909709 34454454	Aliddle Nan	ne	mathar
Name of the Persion: PAN: UID No: Mobile Number: Email Address: Telephone No: FAX No:	sheetal asghqjggkj y0657559 7878707097 797909709 34454454 45567657657	Middle Nan	ne	mathar
Name of the Person: PAN: UID No: Mobile Number: Email Address: Telephone No: FAX No: Gender:	sheetal asghgjggkj y0657559 7878707097 797909709 34454454 45567657657 Female V	Middle Nan	ne	mahar
Name of the Person: PAN: UID No: Mobile Number: Email Address: Telephone No: FAX No: Gender: ential Address	sheetal asghgjggkj y6657559 7878207097 797909709 34454454 45567657657 Female v	Middle Nar	ne	malhar
Name of the Person: PAN: UID No: Mobile Number: Email Address: Telephone No: FAX No: Gender: ential Address	sheetal asghgjggkj y6657559 7878707097 797909709 34454454 4556757657 Female ~ S Building No/Flat N	Middle Nar	ne 234234	malhar
Name of the Person: PAN: UID No: Mobile Number: Email Address: Telephone No: FAX No: Gender: ential Address	sheetal asghqjggkj y6657559 7876707097 797909709 34454454 4556757657 Female ~ S Building No/Flat N	Middle Nar	ne 234234 444654	malhar
Name of the Person: PAN: UID No: Mobile Number: Email Address: Telephone No: FAX No: Gender: ential Address	sheetal asghqjggkj y6657559 7876707097 797909709 34454454 45667657657 Female v S Building No/Flat M Name of the Premis	No/Door No: Floor No: ses/Building:	ne 234234 444654 malhar apt	malhar
Name of the Person: PAN: UID No: Mobile Number: Email Address: Telephone No: FAX No: Gender:	sheetal asghgjggkj y6657559 7876707097 797909709 34454454 45567657657 Female ~ S Building No/Flat ! Name of the Premis Road/	Middle Nar No/Door No: Floor No: ses/Building: Street/Lane:	ne 234234 444654 malhar apt malhar apt road	malhar
Name of the Person: PAN: UID No: Mobile Number: Email Address: Telephone No: FAX No: Gender:	sheetal asghajagaki ye657559 7878707097 797909709 344554454 45567657657 Female v S Building No/Flat M Name of the Premis Road/f	Middle Nar No/Door No: Floor No: ses/Building: Street/Lane: District:	ne 234234 444654 maihar apt maihar apt road AURANGABAD	mathar
Name of the Person: PAN: UID No: Mobile Number: Email Address: Telephone No: Gender: ential Addres	sheetal asghajagaki ye657559 7878207097 797909709 34454454 4556757657 Female v S Building No/Flat Name of the Premis Road/s	Middle Nari No/Door No: Floor No: ses/Building: Street/Lane: District: Taluka/Area:	ne 234234 444654 maihar apt maihar apt road AURANGABAD PAITHAN	mathar
Name of the Person: PANE UID No: Mobile Number: Email Address FAX No: Gender: ential Address	sheetal asghgjggkj y0657559 7878707097 797909709 34454454 45567657657 Female ~ S Building No/Flat I Name of the Premis Road/2	No/Door No: Floor No: Street/Lane: District: Taluka/Area:	234234 244654 maihar apt maihar apt road AURANGABAD PAITHAN	mathar
Name of the Person: PANE UID No: Mobile Number: Email Address FAX No: Gender:	sheetal asghgjggkj y0657559 7878707097 797909709 34454454 45697657657 Female ~ S Building No/Flat / Name of the Premis Road/	No/Door No: Floor No: Street/Lane: District: Taluka/Area: Post:	ne 234234 444654 maihar apt maihar apt road AURANGABAD PAITHAN Bokud Jalgaon	mathar

Declaration: - I hereby solemnity nothing has been concealed the	y affirm and declare that erefrom. I hereby authority	It the information giv orise Maharashtra S	en herein above is true ales Tax Department to	and correct to the best of my know collect the information from UID :	owledge and belief and authority.
Place:	mumbai				
Date:	13/04/2016				
Name of Authorized Signatory:	Sheetal				
Designation:	MD				

6. Status of the Person Nominated



Authorized Representative

								-			0.00
Smithet Sugaration Party	Business Determ	Citur Reportation	POSiDesire	Bars Accounts Details	Committee	Assessed PCB	Debits of Residential	Signatury to the Application	PORM 101	Other States POB	·
18. Details of Manager /	Authorized Sig	natory*									
Dick here is 10 Poors 105											
10. Details of Authorized	Representative	e (STPIAble)	dwCACS/Co	et Accountarité	wh(.)						
	and division		and the second second			Color Manager					
inter of the restore	T P R PROVIN					and search					
Mobile Northern											
final Advess 1"											
Tampfulne No.											
FAR No.											
											_
											THE R. L

Address in other states

20(A) Address(s) in other State(s) and corresponding TIN under C.S.T. Act, # an	v	Add Address	Dente Address
4.			1
Address(1)			
Building NorFlat NorDoor No	68896		
Floor No	78787		
Name of the Premises/Building	gazal		
Road/StreetLane	gazak		
State	ASSAM		¥
District/Town/City	Chirang		~
Taluka/Area	Bijni (Pt)		¥
Post	Antesa F.V.		Y
Pincode	241115		
Corresponding CST RC No. / TIN			
Contact Details			
Telephone No with STD Code*	09796	8886755779	
Mobile No*	875645567	78	
Email Address*	ishahi@hh	com	
FAX No	096767578	199	

State specific information

of previous or one addressing on one addression	Proprietor	v				
Name of the signatory to the application.	sheetai		Mdde Name		mahar	
UID NO	123124212525	Get OTP		OTP:	Enter OTP	Validate OTP



Upload documents

PAN of Proprietor	PANProfileexport1.XLSX	Upload	Preview
Month wise Purchase Summary	Form101 changes docx	Upload	Preview
Month wise Sales Summary		Upload	Preview
Bill wise Sales Statement		Upload	Preview
Bill wise Purchase Statement		Upload	Preview
Sale Bill on which threshold limit exceeded		Upload	Preview
Purchase Bill (in cases where Purchase Tax is leviable)		Upload	Preview
Lorry/transport receipt of purchase		Upload	Preview
000000-Photograph		Upload	Preview
000000-Signature		Upload	Preview
PRIN-Latest electricity bill		Upload	Preview
PRIN-Lease Agreement registered with IGR		Upload	Preview
BANK-000001-Cancelled cheque		Upload	Preview
BANK-000002-Cancelled cheque		Upload	Preview

(Screen 3.39)

🗹 Declarat	ion			
I hereby soler concealed the	nnly affirm and declare refrom. I hereby autho	that the information rise Maharashtra Sa	given herein above is true and correct to the best of my knowledge and be les Tax Department to collect the information from UID authority.	tief and nothing has been
Place:			Digital (lignature of applicant (if any):	
Date:	DDAMMYYYYY	-	Designation:	

(Screen 3.40)



(Screen 3.41)

Place. Date:	Mumbai 06/06/2016		Orgital Signature	of applicant (if any): Designation:	Proprietor	
						Pressue Salend

Submissions

Dear applicant	
year applicant,	
our application fo	r registration is received as attached herewith
Application No - 00	00100000232
-MSTD	5,
	This is Application Submission Reference Number or
	Tracking ID



E-Payment:

Applicant can make payment of fees through <u>http://www.mahavat.gov.in/</u> by clicking on "e-pay new registration"



Select the location of sales tax office and registration type

Registration Type	VAT Regular	27
	Select Registration Type	
Department	VAT Regular	
Type of Payment	VAT VRS	
	VAT Regular + CST	
Location of sales t	VAT VRS + CST	



Government Of Maharashtra





Government Of Maharashtra

Online tracking and monitoring:

Enter the TIN as login ID, password and then select type as "Dealer"

		and the second second		Govt.	of Maharashtra,In	dia	1002 10
Home	About Us	Acts & Rules	Downloads	Dealer Service	nes RTI		Searc
» € -Services							
e-Registration e-pay new registration							
e-Returns							
e-CST Declarations				124-21100			
e-Audit Form				User Lo	gin		
e-Refund Application							
e-payment			Login Id :				
PT-Info-Form-Upload							
e-Payment thru GRAS			Password :				
Upload_F424URD							
e-Help Desk	12 C		Type :	DEALER			
Instruction sheets for			Nous Dear		Earnast Dara	hannel	
Services Non Filers & Short Filers			New User		Porgot Pas	sworu	
Dealer's Grevances					Login	tear	
Wiver Recruitment/014							
Report Tax Evasion							
Employee Corner		For getting Lo	gin ID and passwo	rd for Employee	s, kindly mail or	employee.c	orner@mahavat.gov
Tenders/Notices/							
and the second second second							



Now click on "Registration Certificates" as seen in the screenshot below:

Home	About Us	Acts & Rules	Downloads	Dealer Services	RIT	5
						L
			- · · · ·			
	Now you	can access e-	Services for			
	e-Retu	ms				
	e-CST	Declarations				
	-Audi	t Form				
	-Refu	nd Application				
	Acknow	redgments				
	e-Payn	sent				
	Dealer I	Profile edit				
	Annext	tures J1/J2				
	Annua Annua	Return Annexures				
	Regula	r Return Annexures				
	- Compa	terized Desk Audit				
	Form4	A and B composition	Option			
	Dealer.	Information System				

Download and save the certificate. As seen below, the certificate for MVAT is available.

	Our Taxes For Our Nation	the second second	Bepartme	IT OF SALES		7 04, 2015 , 06 : 24 PM	
Home	About Us	Acts & Rules	Downloads	Dealer Services	RTI	s	Sean
Application No.	Tin Number	Registration C	ertificates availabl	For Printing Click	3014	Location	
Application No	Tin Number	Registration C	ertificates availabl	For Printing Click Dealer N	ame	Location	
Application No 5240 5240	Tin Number	Registration C	ertificates availabl	e For Printing Click Dealer N	ame	Location RAIGAD RAIGAD	

A copy of the certificate is shown below. If the Digital certificate is shown as invalid, then right Click on the Digital Signature and click on "Validate Signature" option.



Business Reform Action Plan 2016 Response by Government of Maharashtra

Waharashtra Sales Tax Department

The dealer keeps warehouses at the following places within the State of Malaarashtra. This certificate is valid from 09-Mar-2015 until cancelled.

Pince : RAIGAD

Date: 04-12-2015





Desk ID : ALI-VAT-C-001

Waharashtra Sales Tax Department

The dealer keeps warehouses at the following places within the State of Maluarashtra. This certificate is valid from 09-Mar-2015 until encelled.

Place : RAIOAD

Date: 04-12-2015



