

**APPLICATION FORM FOR GRANT OF FRESH CERTIFICATE OF REGISTRATION AND  
ALLOTMENT OF TAXPAYER IDENTIFICATION NUMBER (TIN)**

*(Please read the instructions carefully before filling the application form)*

**INSTRUCTIONS**

1. The application form must be filled in **English bold** letters and numerals.
2. Application for TIN will not be accepted if the same is not complete in all respects.
3. A **black ball point pen** should be used to fill in the form.
4. No field should be left blank. If the field is not applicable dealer should write N. A.
5. Wherever boxes are provided, only one letter should be written in each box, one box should be left blank between two words.
6. Wherever the space provided for a particular field is not sufficient, the dealer should photocopy the relevant page, fill-in the required information and attach along with the application.
7. In the commodities fields (Sr. no. 9 and 10), the dealer must write the name of the top 5 commodities dealt in. The description of the commodities should be specific and not of general nature. However, in case of departmental stores / kirana merchants / general stores etc., the dealer should write 'FMCG' / 'Kirana'.
8. In serial no 12, 13 and 14, series number of declarations must be written. This number is written before the serial number. For example in declaration form number MAH/01/1656543, the series number is MAH01 and serial number is 1656543. Please do not write the symbol slash [ / ] while filling up the items 12,13 and 14.
9. In case the dealer is holding more than one R.C., then for his additional place (s) of business, he has to apply for TIN to the officer in charge of principal place of business. He must submit all the original RCs including RCs for additional place (s) of business to that officer. The dealer will be issued a unique TIN for all place (s) of business in Maharashtra.
10. In case of dealer holding the certificate of entitlement for his backward area unit & also holding R.C. for non-backward area unit, the application for TIN must be submitted at the office in-charge of principal place of business. The certificate of entitlement should not be surrendered, along with the application of TIN.
11. All the original Registration Certificates under the MVAT Act and the CST Act must be submitted along with the application.
12. Unutilized statutory declarations / certificates under the C.S.T. Act must be surrendered along with the application.

**Acknowledgement**

Received an application from the applicant mentioned below for allotment of TIN under section 17(2) of the Maharashtra Value Added Tax Act, 2002.

Serial No in the register	
Name of the Dealer	
MVAT RC No.	
Date of receipt of application	
Receiving Officer's	Signature _____
	Name _____
	Designation & Stamp _____
	Telephone No. _____





**5) Constitution (Please (√) tick the appropriate box)**

Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Private. Ltd. Co. <input type="checkbox"/>	Public Ltd. Co. <input type="checkbox"/>
HUF <input type="checkbox"/>	Cooperative Society <input type="checkbox"/>	Public Trust <input type="checkbox"/>	Others (please specify)

**6) Principal nature of business (Please (√) the most appropriate box only)**

Manufacturer <input type="checkbox"/>	Importer <input type="checkbox"/>	Reseller <input type="checkbox"/>	Other(Please specify)
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**7) Nature of business (Please (√) tick the appropriate box(es))**

Manufacturer <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Retailer <input type="checkbox"/>	Importer <input type="checkbox"/>	Exporter <input type="checkbox"/>
Works Contractor <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Leasing <input type="checkbox"/>	Commission Agent <input type="checkbox"/>	Others (Please specify)

**8) Have you opted for composition scheme? (If yes, please (√) tick the appropriate box(es)) (Please refer leaflet no. MVAT 106 for eligibility & details of Composition Scheme)**

Retailer <input type="checkbox"/>	Restaurant/Caterer <input type="checkbox"/>	Bakery <input type="checkbox"/>	Second Hand Car Dealer <input type="checkbox"/>
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**9) Main commodities sold**

Sr. No.	Name of the commodity	Schedule Entry	HSN classification (To be filled by the departmental authorities)
1			
2			
3			
4			
5			

**10) Main commodities purchased**

Sr. No.	Name of the commodity	Schedule Entry	HSN classification (To be filled by the departmental authorities)
1			
2			
3			
4			
5			









16) Details of Proprietor / Partner/ Director/ Members of Managing Committee/ all persons having any interest in the business (including the members of Hindu Undivided Family Business). Not to be filled in if the applicant is a Department of Government. **(If space is insufficient please take photocopy of this page and attach)**

Sr. No.	Full Name of Proprietor / Partner/ Director/ Members of Managing Committee/ all persons having any interest in the business. Please include father's name and surname	Permanent Residential Address										Name and RC Nos. of all other businesses within the State, in which the person has any share or interest	IT PAN	Profession Tax EC No.
		Building Name /Office No./Flat No.												
		Area Name etc												
		Street Name etc.												
		Village/ Town/ City												
		Taluka												
		District												
		PIN Code												
		Building Name /Office No./Flat No.												
		Area Name etc												
		Street Name etc.												
		Village/ Town/ City												
		Taluka												
		District												
		PIN Code												
		Building Name /Office No./Flat No.												
		Area Name etc												
		Street Name etc.												
		Village/ Town/ City												
		Taluka												
		District												
		PIN Code												

**17) Details of Bank Account (s)**

1.	Name of the Bank																			
	Branch																			
	Account Number																			
2.	Name of the Bank																			
	Branch																			
	Account Number																			
3.	Name of the Bank																			
	Branch																			
	Account Number																			

**18) Whether the records are computerized? (Please tick(√) the appropriate box)**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
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**19. Details of Entitlement Certificates under Package Scheme of Incentives**

Sr. No.	EC No.	Scheme	Mode (Deferral / Exemption)	Location of Unit

The above information is true to the best of my knowledge and belief

Place –

Date -



Name & Signature of applicant,  
Status and authority thereof

**FOR OFFICE USE ONLY**

Serial No of receipt register	
Date of Application	
Application accepted by (signature)	
Name and designation	
Application Verified by (signature)	
Name and designation	
Data entry validation done by (signature)	
Name and designation	
Details of TIN	
	Issue date -