

Form VAT-5

(See rule 11 and 12)

Application for Amendment in registration details

(Please read the INSTRUCTIONS carefully before filling the form)

Cover Page

Checklist of Supporting Documents

- Proof of change in the name of business
- Proof of change in principal / other place(s) of business
- Document evidencing acquisition of business or sale or disposal of business in part
- Proof of change of constitution
- Fresh security in case of change in constitution
- Proof of death, where applicable
- Original Registration Certificate

For Office Use Only

- VRN / TRN _____
- Date of receipt: _____
- Serial number of the Acknowledgement Receipt: _____
- Date of issue of Amended certificate: _____
- Amendments in Register: _____
 - Date of Amendment: _____
 - Reference No: _____

Name of receiving official: _____ Designation: _____

Office Code: _____ Signature _____

Instructions

1. Please do fill in your registration number
2. Please identify the particulars where there is a change in the details in column 3
3. Please fill in the amended details in column 4 only against the particulars identified
4. In case of possible amendment in Registration Certificate, enclose original registration certificate issued under Punjab VAT Act
5. Please note that following supportings, if applicable, have to be submitted along with the amendment application
 - a. proof of change in the name of business
 - b. proof of change in principal / other place(s) of business
 - c. document evidencing acquisition of business or sale or disposal of business in part
 - d. proof of change of constitution

 - e. fresh security in case of change in constitution

 - f. proof of death
- b. Please note that this Form is to be verified and signed by:
 - a. proprietor, in case of proprietorship concern
 - b. managing partner, in case of partnership firm and where there is no managing partner, by any other partner
 - c. managing director or authorized signatory, in case of a company
 - d. karta, in case of Hindu Undivided Family
 - e. authorized signatory, in all other cases

Form VAT- 5

[See rules 11 and 12]

Application for Amendment in registration details

1 VRN/TRN _____

2 Name of Business _____

3 Particulars of changes

[Identify the change by ticking appropriate box. Then, give the particulars in appropriate column hereafter

- a. sale or disposal of business
- b. sale or disposal of business place
- c. discontinuance of business
- d. transfer of business
- e. change in place of business
- f. opening of new place of business
- g. change in name of business
- h. change in constitution of business
- i. change in nature of business
- j. change in class of goods
- k. death of person
- l. any other change, please specify
- m. Change to be intimated by transferee of business:
Acquisition of business (upon transfer)

4 Particulars of changes:

a. Sale or disposal of business:

- i) Date of sale/disposal of business: _____
- ii) Nature of business sold/disposed off: _____
- iii) Place(s) at which such business was carried on:
Address :
Building Name / No. _____
Area / Road _____
City _____
Pin Code _____
E-mail ID _____
Telephone No.(s) _____
Fax No.(s) _____

b. Sale or disposal of place of business:

- i) Date of Sale _____
- ii) Place of Business sold/disposed off:
Address :
Building Name / No. _____
Area / Road _____
City _____
Pin Code _____
E-mail ID _____
Telephone No.(s) _____
Fax No.(s) _____

c. Discontinuance of business:

- i) Date of Business: _____
- ii) Nature of Business _____
- iii) Place(s) at which it was carried on:
Address :
Building Name / No. _____
Area / Road _____
City _____
Pin Code _____
E-mail ID _____
Telephone No.(s) _____

Fax No.(s) _____

d. Transfer of business

- i) Date of Transfer _____
- ii) Nature of Transfer _____
- iii) Business transferred and its nature _____
- iv) Place(s) at which the business was carried on:
Address :
Building Name / No. _____
Area / Road _____
City _____
Pin Code _____
E-mail ID _____
Telephone No.(s) _____
Fax No.(s) _____
- v) Name of Transferee: _____
- vi) VRN/TRN, if any, of transferee _____

e. Change in place of business

- i) Date of change _____
- ii) Address of new place(s) of business:

Building Name / No. _____
Area / Road _____
City _____
Pin Code _____
E-mail ID _____
Telephone No.(s) _____
Fax No.(s) _____

f. Opening new place of business:

- i) Date of opening _____
- ii) Nature of Business proposed to be carried on _____
- iii) Place(s):
Address :
Building Name / No. _____
Area / Road _____
City _____
Pin Code _____
E-mail ID _____
Telephone No.(s) _____
Fax No.(s) _____

g. Change in name of business:

- i) Date of change _____
- ii) Old Name _____
- iii) New Name _____

h. Change in constitution of person

- i) *Date of change* _____
- ii) Nature of change (In case of any changes in the details of persons having interest in business, please attach Annexure I of VAT – 1 to notify the changes)

i. Change in nature of business

Tick the one(s), applicable now

- i) Date of change _____

ii) Nature of change:

- | | | |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Manufacture | <input type="checkbox"/> Distribution | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Export | <input type="checkbox"/> Import |
| <input type="checkbox"/> Works Contract | <input type="checkbox"/> Leasing | |
| <input type="checkbox"/> Others, please specify _____ | | |

- j. Change in class of goods sold
 - (i) Date of change _____
 - ii) Class of goods added: _____
 - iii) Class of goods discontinued: _____
- k. Death of Person:
 - i) Name of the deceased _____
 - ii) Date of death _____
- l. Any other (please specify)
 - (ii) Date of change _____
 - ii) Nature of change _____
 - iii) Particulars in Application/RC affected _____
- m. Acquisition of business, upon transfer:

(information to be furnished by transferee)

 - i) Date of acquisition _____
 - ii) Name of transferor _____
 - iii) TRN/VRN of transferor _____
 - iv) Nature of business _____
 - v) Place(s) of business transferred _____

Address : _____

Building Name / No. _____

Area / Road _____

City _____

Pin Code _____

E-mail ID _____

Telephone No.(s) _____

Fax No.(s) _____

5) In case of any changes in the particulars of authorized representative, please attach Annexure III of VAT-1 to notify the changes
 Date of change _____

Verification

I certify that the information given in this form and its attachments (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature

Full name of Applicant/Authorized Signatory

Designation

Date

Place