

TRIPURA GAZETTE



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PART--I-- Orders and Notifications by the Government of Tripura,
The High Court, Government Treasury etc.

GOVERNMENT OF TRIPURA
FINANCE DEPARTMENT
(TAXES & EXCISE)

NO.F.1-1(43)-TAX/2015

Dated, Agartala, the 15th September, 2015.

NOTIFICATION

In exercise of the powers conferred under **Section 87** of the **Tripura Value Added Tax Act, 2004 (Tripura Act No. 1 of 2005)**, the State Government hereby makes the following rules to further amend the Tripura Value Added Tax Rules, 2005, with objective to inserting suitable provisions to delegate the power of revision u/s 70(2) of the Commissioner of Taxes to any officer not below the rank of Joint Commissioner of Taxes and modification of VAT Form-I for Application Form for Registration as follows:

1. Short title and commencement

- (1) These Rules may be called the **'Tripura Value Added Tax (Fifth Amendment) Rules, 2015.'**
- (2) They shall come into force from the date of their publication in official gazette.

2. Amendment of Rules

(a) Amendment in proviso to sub-rule (2) of Rule 8:

The existing proviso to sub-rule (2) of Rule 8 of the Tripura Value Added Tax Rules, 2005 shall be substituted by the following proviso:

"Provided that the power of revision conferred upon him under sub-section (2) of Section 70 of the Act, the Commissioner, may, by notification in the Official Gazette, and with the approval of Secretary, in-charge of Finance Department in the Government delegate the power to be exercised by any officer not below the

rank of Joint Commissioner of Taxes with certain terms, and he may alter or withdraw such power delegated to any such officer(s), as it deems fit, from time to time.”

(b) Amendment of Rule 11:

(i) The existing sub-rule '(x)', sub-rule '(xiv)' and sub-rule '(xv)' of Rule 11 of the Principal Rules shall be deleted.

(ii) The existing 'Form-I' shall be as at Annexure.

By order of the Governor,

ema
15/9/15
(Dr. G.S.G. Ayyangar)
Principal Secretary,
Government of Tripura,
Finance Department

ANNEXURE

FORM - I
THE TRIPURA VALUE ADDED TAX ACT, 2004
APPLICATION FORM FOR REGISTRATION
(Under Rule 10 of TVAT Rules)
Write clearly in black ink and use BLOCK LETTERS

To
 The Superintendent of Taxes
 Charge

**Affix a
 Photograph
 of the
 Signatory**

1. Name of the applicant:

Family Name	First Name	Middle Name
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2. Sex : Male / Female

3. Whether Citizen of India or Not (Y/N) : _____

4. Trade Name of the Business : _____

5. Address : No. / Street : _____

City : _____

Pin Code : _____

6. Telephone No. : _____ Fax No. : _____ E-Mail Id : _____

7. PAN No. : _____

8. (a) Partners in Firm, Chief Executive in Company, Co-operative Etc.

Sl. No.	Name	Designation	Address	Age	Father's Name

8. (b) Interest (of Partners in Firm, Chief Executive in Company, Co-operative. Etc.) in other Business

Sl. No.	Name	Firm's Name	Address of the Firm	Value Added Taxpayer's Identification Number (TIN)	CST Registration No.

9. Address of all Branch Offices

Sl. No.	Branch	Post Office	Thana	District
1.				
2.				

10. Location of factory / godown, if any

Sl. No.	Address		Post Office	Thana	District
	Factory	Godown			

11. List of Taxable Items Dealing with

Sl. No.	Item Code	Description	Purchase From places within Tripura for Resale (Y / N)	Manufacture Make and Process for Sale in Tripura (Y / N)	Import/intend to import for Sale in Tripura	
					Within India (Y/N)	Outside India (Y/N)

12. Economic Activity Code (Manufacturer/Importer/Reseller/Seller) : _____

13. Banker's Name : _____

Nature of Account Held : _____ Account Number : _____

14. Any other relevant license (Trade License, Food Staff License, etc.), if any : No. _____
Date: _____

I _____ (Proprietor/Director/Partner/Secretary or any authorised Person) hereby declare that the particulars given herein are correct and I hereby apply for registration for value added tax.

Signature of the applicant
Designation
Date:.....

FOR OFFICE USE ONLY

Date of Registration : Day _____ Month _____ Year _____

Taxpayer's Identification Number : _____

Amount of Security Paid : (Rs.) _____

Bank Scroll No. : _____ Date _____

Remarks, if any _____