



**PIMPRI CHINCHWAD MUNICIPAL CORPORATION,**

**PIMPRI – 411 018.**

Local Body Tax Department.

**FORM – A**

[See Rule 9(4) and 9(6)]

**Application for Registration**

1. Name of the applicant (In block letters) .....
2. Status of the applicant .....  
(Proprietor/Partner/Karta of the H.U.F/  
Manager / Director / Secretary / Principal Officer etc.)
3. Business Name (In block letters) .....
4. Date of commencement of business .....
5. Full address of the principal place of business .....  
..... Pin code .....
6. Constitution of the business .....  
(Proprietary / Partnership/H.U.F. / Pvt. Ltd Co/LTD Co. / Co-op. Society)
7. Nature of business (Manufacturer / Reseller /Others, specify) .....
8. Commodities dealt in (General description) .....
- 9 Address of the additional place/s of business, if any .....  
.....  
.....
10. Telephone No. (with S.T.D. Code).....
11. Fax No. ....
12. E-mail address .....
13. Details of Bank Account :-

Sr. No.	Name of the Bank	Name of the Branch	Account No.
1			
2			
3			

14. Registration No. under Maharashtra Value Added Tax Act ..... dated .....
15. Certificate No. under the Shop and Establishment Act .....dated .....
16. Income Tax PAN No. ....
17. The name and permanent residential address/es of the proprietor/all partners of the business/all members of the managing committee of the society, club or other association/all persons having any interest in the business (including the members of a Hindu undivided family business), their age and father's name, is as under:-

Sr .No.	Name in Full	Age	Permanent residential address
1			
2			
3			
4			
5			

(if the names are more than five, a separate sheet with the above particulars, duly signed and dated by the applicant, should be affixed to this)

18. The application for registration under the Bombay Provincial Municipal Corporation (Local Body Tax) Rule, 2010 is being made.-

(1) (a) **as an 'importer'**, as the turnover of all the sales / purchases (strike out whatever is not applicable), first exceeded the limit prescribed under clause (a) of rule 3, during the year commencing on 1<sup>st</sup> April. .... (mention here the year), on ..... (mention here the date on which such turnover exceeded the prescribed limit.). The particulars of the turnover are as under :-

- (i) Value of goods imported into the city from ..... to ..... Rs. ....
- (ii) Value of schedule A goods purchased / sold from ..... to ..... Rs. ....
- (iii) Value of (taxable and tax-free) goods sold / purchased from ..... to ..... Rs.....

(b) **As 'others'**, as the turnover of all sales / purchased exceeded the limit prescribed in clause (b) of rule 3 in the year commencing on 1<sup>st</sup> April ..... (mention here the year) on ..... (mention here the date on which the turnover exceeded the prescribed limit). The particulars of the turnover being as under –

- (i) Value of schedule - A goods purchased / sold from ..... to ..... Rs. ....
- (ii) Value of goods (taxable and tax-free) purchased/sold from ..... to ..... Rs...

(2) **On account of :**

- (a) change in constitution from \*proprietary business to partnership business / partnership business to proprietary business / proprietary / partnership to Pvt Ltd Co/ Ltd Co. (\*strike out whichever is not applicable) with effect from .....
- (b) part transfer of business / transfer of the entire business having Local Body Tax registration No. .... w.e.f. ....

(3) as a successor in business having local body tax registration No. .... w.e.f. ...., under clause \*(a) of sub-rule(1) / \*sub-rule(5) of the rule 5 of these rules (\*srike out whatever is not applicable).

The above statements are true to the best of my knowledge and belief.

Place:

Signature

Date :

Status

**19 Declaration by the partners of a firm :**

We the within signed, hereby declare that we are carrying on the business in partnership known as ..... at ..... and other places in the City and we state that the statements contained in the application for registration of the said partnership firm and this declaration are true to the best of our knowledge and belief.

Sr. No.	Full name of each partner including his name, father's name and surname	Permanent residential address	Extent of share in partnership	Name and address of all other local businesses in which the partner has any share or interest.	Signature.

Place :

Signature

Date :

Status

(For office use only)

Date on which called .....

Place at which called .....

Officer before whom called .....

Signature of the receiving officer

**ACKNOWLEDGEMENT**

Received an application for registration, in form – A from ..... under rule 9 of the local body tax rules.

Sr. No. ....

Date on which called .....

Place at which called .....

Officer before whom the applicant is called for verification of accounts. ....

Date

Receiving Officer.