

Department of GoodsTax  
Government of Arunachal Pradesh

**Form RF-02**

(See Rule 18 of the Arunachal Pradesh GoodsTax Rules, 2005)

**Application for Amendment in Registration under Arunachal Pradesh GoodsTax Act, 2004**

**Checklist of Supporting Documents**

**Please tick as applicable**

**Mandatory Supporting Documents**

- Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same )
- Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of registration under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory
- Proof of identity of authorised signatory signing the Registration Application Form
- Two self addressed envelopes (Without stamps)
- Additional Security, if applicable
- Please attach Annexure I of RF-01providing details of new person(s) having interest in the business
- Please attach Annexure III of RF-01change in authorised signatory

**Optional Supporting Documents (For reduction in Security Amount)**

- Proof of ownership of principal place of business
- Proof of ownership of residential property by proprietor/ managing partner
- Copy of passport of proprietor/ managing partner
- Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department
- Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)
- Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)

**Reasons for Rejection (For Office Use Only)**

**Please tick as applicable**

- Not attached Mandatory Support Document(s) \_\_\_\_\_
- Other \_\_\_\_\_

**Instructions for filling Form RF-02**

1. Please do fill in your registration number
2. Please note that the following supportings, if applicable, has to be submitted along with the amendment application
  - (i) Proof of change in the name of the business.
  - (ii) Proof of change in the principal/ other places of business.
  - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
  - (iv) Proof of change in constitution of the business.
3. Please note that this form has to be verified and signed by the following:
  - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
  - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
  - (iii) in the case of a company or local authority, by the principal officer thereof;
  - (iv) in the case of a firm, by any partner thereof, not being a minor;
  - (v) in the case of any other association, by any member of the association or persons;
  - (vi) in the case of a trust, by the trustee or any trustee; and
  - (vii) in the case of an other person, by some person competent to act on his behalf.

Form RF-02 Application for Amendment in Registration.

Please fill in your registration number and tick the headings under which you wish to change the details of your registration.

|                                                                                                                       |                                                    |                                                        |                                                           |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| 1. Full Name of Applicant Dealer<br>Registration Number                                                               |                                                    |                                                        |                                                           |
| 2. Trade Name                                                                                                         |                                                    |                                                        |                                                           |
| 3. Nature of Business<br><i>(Tick all applicable)</i>                                                                 | <input type="checkbox"/> Manufacturer              | <input type="checkbox"/> Wholesaler                    | <input type="checkbox"/> Distributor                      |
|                                                                                                                       | <input type="checkbox"/> Retailer                  | <input type="checkbox"/> Exporter                      | <input type="checkbox"/> Importer                         |
|                                                                                                                       | <input type="checkbox"/> Interstate Seller         | <input type="checkbox"/> Interstate Importer           | <input type="checkbox"/> Works Contractor                 |
|                                                                                                                       | <input type="checkbox"/> Leasing                   | <input type="checkbox"/> Others, please specify        |                                                           |
| 4. Constitution of Business<br><i>Tick one</i>                                                                        | <input type="checkbox"/> Proprietorship            | <input type="checkbox"/> Private Ltd. Company          | <input type="checkbox"/> Public Sector Undertaking        |
|                                                                                                                       | <input type="checkbox"/> Partnership               | <input type="checkbox"/> Government Company            | <input type="checkbox"/> Government Corporation           |
|                                                                                                                       | <input type="checkbox"/> HUF                       | <input type="checkbox"/> Public Ltd. Company           | <input type="checkbox"/> Govt Deptt/ Society/ Club/ Trust |
|                                                                                                                       | <input type="checkbox"/> Leasing                   | <input type="checkbox"/> Others, please specify        |                                                           |
| 5. Type of Registration<br><i>Tick one</i>                                                                            | <input type="checkbox"/> Mandatory                 | <input type="checkbox"/> Voluntary                     | <input type="checkbox"/>                                  |
| 6. Annual Turnover Category<br>(a) Turnover in preceding financial year<br>(b) Turnover in the current financial year | <input type="checkbox"/> Less than Rs 5 lacs       | <input type="checkbox"/> Rs 5 lacs or above            |                                                           |
|                                                                                                                       | Rs. _____                                          | Rs. _____                                              |                                                           |
| 7. Basis of incurring liability to pay tax<br><i>Tick whichever is applicable</i>                                     | Turnover exceeding Rs. 5 lacs                      |                                                        | <input type="checkbox"/> Voluntary registration           |
| 8. Date from which liable for registration under Arunachal Pradesh Goods Tax Act, 2005                                | ____ / ____ / ____ - ____<br><i>DD / MM / YYYY</i> |                                                        |                                                           |
| 9. Permanent Account Number of the applicant dealer (PAN)                                                             |                                                    |                                                        |                                                           |
| 10. Registration number under Central Excise Act (if applicable)                                                      |                                                    |                                                        |                                                           |
| 11. Principal Place of Business                                                                                       | Building Name/ Market Name _____                   |                                                        |                                                           |
|                                                                                                                       | Town/ Village _____                                |                                                        |                                                           |
|                                                                                                                       | District _____                                     |                                                        |                                                           |
|                                                                                                                       | Pin Code _____                                     |                                                        |                                                           |
|                                                                                                                       | Email Id _____                                     |                                                        |                                                           |
|                                                                                                                       | Telephone Number(s) _____                          |                                                        |                                                           |
|                                                                                                                       | Fax Number(s) _____                                |                                                        |                                                           |
| 12. Address for service of notice<br><i>If different from principal place of business</i>                             | Building Name/ Market Name _____                   |                                                        |                                                           |
|                                                                                                                       | Town/ Village _____                                |                                                        |                                                           |
|                                                                                                                       | District _____                                     |                                                        |                                                           |
|                                                                                                                       | Pin Code _____                                     |                                                        |                                                           |
|                                                                                                                       | Email Id _____                                     |                                                        |                                                           |
|                                                                                                                       | Telephone Number(s) _____                          |                                                        |                                                           |
|                                                                                                                       | Fax Number(s) _____                                |                                                        |                                                           |
| 13. Details of all Bank Account/s                                                                                     | Account Number _____                               |                                                        |                                                           |
|                                                                                                                       | Name of Bank _____                                 |                                                        |                                                           |
|                                                                                                                       | MICR Number _____                                  |                                                        |                                                           |
|                                                                                                                       | Address of Bank _____                              |                                                        |                                                           |
| 14. Details of Modified Security                                                                                      | Amount of Security already Furnished               | Additional Security furnished at the time of Amendment |                                                           |
|                                                                                                                       |                                                    | Mode : _____                                           |                                                           |
|                                                                                                                       |                                                    | Date of Expiry: _____                                  |                                                           |
|                                                                                                                       |                                                    | Amount: _____                                          |                                                           |

Form RF-02 Application for Amendment in Registration.

|                                                           |                                                       |                                                      |                |
|-----------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|----------------|
| 15. Closure of Additional Place of Business               | Date of closure of additional place of business _____ |                                                      |                |
|                                                           | Building Name/ Market _____                           |                                                      |                |
| Type<br><i>Tick One</i>                                   | Town/ Village _____                                   |                                                      |                |
|                                                           | District _____                                        |                                                      |                |
| <input type="checkbox"/> Godown/ Warehouse                | Pin Code _____                                        |                                                      |                |
| <input type="checkbox"/> Factory                          | Email Id _____                                        |                                                      |                |
| <input type="checkbox"/> Shop                             | Telephone Number(s) _____                             |                                                      |                |
| <input type="checkbox"/> Other places of business         | Fax Number(s) _____                                   |                                                      |                |
| 16. New Additional Place of Business                      | Date of opening of additional place of business _____ |                                                      |                |
|                                                           | Building Name/ Market _____                           |                                                      |                |
| Type<br><i>Tick One</i>                                   | Town/ Village _____                                   |                                                      |                |
|                                                           | District _____                                        |                                                      |                |
| <input type="checkbox"/> Godown/ Warehouse                | Pin Code _____                                        |                                                      |                |
| <input type="checkbox"/> Factory                          | Email Id _____                                        |                                                      |                |
| <input type="checkbox"/> Shop                             | Telephone Number(s) _____                             |                                                      |                |
| <input type="checkbox"/> Other places of business         | Fax Number(s) _____                                   |                                                      |                |
| 17. Exit of person having interest in the business        | Full Name of person                                   | Date of Birth                                        | Date of Exit   |
|                                                           |                                                       | __ __ / __ __ / __ __ __ __<br><i>DD / MM / YYYY</i> |                |
| 18. Entry of new person having interest in the business * | Full Name of person                                   | Date of Birth                                        | Date of Entry  |
|                                                           |                                                       | __ __ / __ __ / __ __ __ __<br><i>DD / MM / YYYY</i> |                |
| 19. Change of Authorised person \$                        | Full Name of new person authorised                    | Date of Birth                                        | Date of Change |
|                                                           |                                                       | __ __ / __ __ / __ __ __ __<br><i>DD / MM / YYYY</i> |                |
| 20. Change of Manager of Business                         | Full Name of new Manager                              | Date of Birth                                        | Date of Change |
|                                                           |                                                       | __ __ / __ __ / __ __ __ __<br><i>DD / MM / YYYY</i> |                |
| 21. Top 5 items you deal in (1-highest to 5-lowest)       | Description                                           | Code                                                 |                |
|                                                           | 1. _____                                              | _____                                                |                |
|                                                           | 2. _____                                              | _____                                                |                |
|                                                           | 3. _____                                              | _____                                                |                |
|                                                           | 4. _____                                              | _____                                                |                |
|                                                           | 5. _____                                              | _____                                                |                |

**Summary of Proposed Changes:**

*\* Attach Annexure I of RF-01; \$ Attach Annexure III of RF-01.*

| Serial No. | Present position | Proposed Change | Reason and proof of change, if any |
|------------|------------------|-----------------|------------------------------------|
|            |                  |                 |                                    |
|            |                  |                 |                                    |
|            |                  |                 |                                    |

21. Verification

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory

Name

Designation

Place

Date