User Manual

E-APPLICATION

FOR

REGISTRATION

UNDER

VAT & CST

USER MANUAL

National Informatics Centre, WBSC

User Manual

e-Application for VAT & CST Registration

Preface :

Government desires to reorient itself towards Citizen centric Services, to bring more transparency in provisioning of the services. Introduction of ICT was already introduced in most of the departments. With the fast changing world, it is the need of time to introduce e-Governance solution in the Government. In Consequence, transformation in Government functions is aimed towards better orientation of service provision, keeping transparency in service availability and enabling simplification in availing the service. The Directorate of Commercial Taxes, Government of West Bengal, is no exception in its stride to attain and retain its goal to provide all possible services, available by simple and transparent manner.

Purpose :

This User Manual explains the steps for electronic-submission of a application for getting registration under VAT Act 2003 or CST Act 1956. This Manual details various steps and the procedure that is to be followed while submission of application for registration on-line.

Definition, Acronyms & Abbreviations

| Acronym | Description |
|---------|--|
| DCT | Directorate of Commercial Taxes |
| ICT | Information and Communication Technology |
| VAT | Value Added Tax |
| CST | Central Sales Tax |
| TIN | Tax Identification Number |
| RC | Registration Certificate |

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Pre-requisite for e-Application for Registration

- > Application must get a PAN No. / TAN No. from Income Tax Department
- > Applicant must have a valid e-mail id for future correspondence.
- Client computer must have the following components installed
 Internet Explorer v6.0 and above

E-APPLICATION FOR REGISTRATION

PROCESS FLOW:

Dealers are required to visit the website of Directorate of Commercial Taxes and follow the link "Apply online for Registration", clicking on which following page will be displayed.

| Directorate | of Commercial T | axes | Department of Finance, Govt. of WB |
|---|----------------------------|---------------------|--|
| | 1 | select th | e online application type |
| | VAT e-Registration | 0 | CST e-Registration |
| INSTRUCTION FOR | E- APPLICATION FOR | REGISTR | ATION |
| 1. Applicant must g | et a valid E-Mail addres | s and PA | N number before going for e-application. |
| 2. Select the online | application type. | o applic | ant should enter all details. After filing of "Dealer Info/Dealer |
| Details" page, app | licant may click other ta | bs for en | itering |
| a) Branch o | office details/Addl. Place | e of busin | ness |
| b) Contact | Person (In case of VAT) | | |
| c) Warehou | use address (In case of | | NE VAT) |
| e) Commod | lity details | in case o | JI VAT) |
| f) Bank De | tails (In case of VAT) | | |
| g) Propriet | or-Partners-Karta (In ca | ase of CS | ST) |
| h) Business | s Details (In case of CST |) | Manual social to represent the same of several social |
| 4. For Proprietorsh | ip / Partnership firm, th | en Anne: | xure – A should be mandatorily filled in (In case of VAT) |
| 6. At least the man | datory details such as N | pany, An amo Tra | ade Name Address of Principal place of business. Status of |
| business, Nature of | f business, Occupancy st | tatus of a | applicant, status of applicant etc. should be filled in. |
| 7. In Case the data | in any of the fields is no | t entere | d, then the applicant would get error message and would be |
| Prompted to enter | the said data. | em ic cub | mitted then the acknowledgment slip generated along with " |
| Application Numbe | r". | 111115 541 | sinced then the devilowredginent sup generated along with |
| 9. Print the acknow | vlegment slip & copy of a | applicatio | on with data. |
| 10. Make payment | of Rs.100/- in appropria | ate bank | challan as "Fee for Registration" |
| 11. Send all the ne with printed copy of | cessary documents duly | signed a | as mentioned in Acknowledgment Slip along |
| with printed copy c | application that data t | x uchilor | reaginent sup, within three days of application. |
| For all corresponde | ence please mention App | lication | Number. |
| | | | |
| | | | Site designed, hosted and maintained by National Informatics Centre |
| Importan | t Links Disclaimer | | Information provided and updated by Directorate of Commercial Taxes, Govt. of WB |

For application for vat e_Registration user will have to select the VAT e-Registration radio button and for CST e_Registration user will have to select the CST e_Registration radio button > On the "Dealer Info/Dealer Details" page, applicant should enter all details. After filing of "Dealer Info/Dealer Details" page, applicant may click other tabs for entering.

- Branch office details/Addl. Place of business.
- Contact Person (In case of VAT)
- Warehouse address (In case of CST)
- Warehouse & Factory address (In case of VAT)
- Commodity details
- Bank Details (In case of VAT)
- Partner Bank Detail (In case of VAT)
- Proprietor-Partners-Karta (In case of CST)
- Business Details (In case of CST)
- For Proprietorship / Partnership firm Annexure—A should be mandatorily filled in (In case of VAT).
- For Private Company, Annexure-B should be mandatorily filled in (In case of VAT)
- At least the mandatory details such as Name, Trade Name, Address of Principal place of business, Status of business, Nature of business, Occupancy status of applicant, status of applicant etc. should be filled in.
- In case the data in any of the fields is not entered, then the applicant would get error message and would be prompted to enter the said data.
- After the completely filled application form is submitted then the acknowledgement slip is generated along with "Application Number".
- Make payment of Rs.100/- in appropriate bank Challan as "Fee for Registration"
- Send all the necessary documents duly signed as mentioned in Acknowledgment Slip along with printed copy of the Acknowledgement page and Application with data both duly signed within three days of application.
- > For all correspondence please mention Application Number.

HOW TO FILL UP APPLICATION FOR VAT REGISTRATION

User will follow the link "Application for VAT registration" in the website of Directorate of Commercial Taxes.

➤ User will be redirected to "Dealer Info" page. User will have fill at least the mandatory fields which are specified by "*" mark. Unless the user fills the mandatory fields user will not be able to proceed.

> All the multiple entry fields must be added by clicking add button.

| Branch Office Contact Person Warhouse & Factory Commodity Bank If it is an application for New Registration,state Compulsory under section 24(1)(a) Image: | Detail Annexure A Partner Bank Detail Annexure E Voluntary under section 24(1)b O Trade Name* |
|--|---|
| If it is an application for New Registration,state Compulsory under section 24(1)(a) ⊙ Name Of the Applicant: Image: Compulsory under section 24(1)(a) First Name Image: Compulsory under section 24(1)(a) Middle Name Image: Compulsory under section 24(1)(a) Last Name * Image: Compulsory under section 24(1)(a) Middle Name Image: Compulsory under section 24(1)(a) Gender Male ⊙ Gender Male ⊙ Gender Male ⊙ Father's Name /Husband's Name Image: Compulsory under section 24(1)(a) Address of Principal place of Business: Address of Principal place of Business: Room/ Flat No. Image: Compulsory under section 24(1)(a) Street Image: Compulsory under section 24(1)(a) District Image: Compulsory under section 24(1)(a) Occupancy Status Image: Compulsory under section 24(1)(a) District Image: Compulsory under section 24(1)(a) Occupancy Status Image: Compulsory under section 24(1)(a) Number Of Partner Image: Compulsory under section 24(1)(a) Number Of Business: A) Image: Compulsory under section 24(1)(a) Profession Tax Enrolment No. Image: Compulsory under th | Voluntary under section 24(1)b O Trade Name* Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * B) -select- B) -select- D) -select- V PAN/TAN Number of the Firm(if any)* |
| Name Of the Applicant: First Name * Middle Name Last Name * Gender Make © Female O Father's Name /Husband's Name Address of Principal place of Business: Room / Flat No. Street* Post Office* District* select- Wobile No. Occupancy Status* select- Number Of Partner select- Nature of Business. A) select- Verifies and Taniff C select- Verifies and Taniff Forfession Tax Enrolment No. Scentral Excise and Taniff Count of Encistment issued by the Munipal/Local Body | Trade Name* Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * e-select B) -select -select D) -select PAN/TAN Number of the Firm(if any) * |
| First Name | Trade Name* Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax. Status of the business * B)select D)select D)select PAN/TAN Number of the Firm(if any) * |
| Middle Name Last Name Last Name Gender Male Female Father's Name /Husband's Name Address of Principal place of Business: Address of Principal place of Business: Room / Flat No. Street Post Office District Street Felephone No. Street | Trade Name* Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * select B)select D)select PAN/TAN Number of the Firm(if any) * |
| Last Name Gender Male Female | Trade Name* Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * e-select B) -select D) -select PAN/TAN Number of the Firm(if any) * |
| Gender Male O Female O Father's Name /Husband's Name | Trade Name* Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * B)select- D)select- PAN/TAN Number of the Firm(if any) * |
| Father's Name /Husband's Name Address of Principal place of Business: Room/ Flat No. Street" Post Office" District" Post Office" District" Post Office" Occupancy Status" Number Of Partner Poselect Nature of Business. A) select C) select V Nature of Business. A) select C) select V Profession Tax Enrolment No. Scuttages draftificate of Enlistment issued by the Munipal/Local Body Trade License/Certificate of Enlistment issued by the Munipal/Local Body | Trade Name* Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * B)select- D)select- V PAN/TAN Number of the Firm(if any) * |
| Address of Principal place of Business: Room/ Flat No. Street Post Office District Telephone No. Mobile No. Occupancy Status Number Of Partner Number Of Partner Number Of Partner Nature of Business. A) -select- C) -select- -sele | Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * B)select- D)select- V PAN/TAN Number of the Firm(if any) * |
| Room/ Flat No. | Premise No City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * B)select- D)select- V PAN/TAN Number of the Firm(if any) * |
| Street Post Office District select- Telephone No.* Mobile No. Occupancy Status select | City/Town/Village* Pin Code* Municipal/Local Body Fax Status of the business * B)select- D)select- PAN/TAN Number of the Firm(if any) * |
| Post Office District Telephone No.* Mobile No. Occupancy Status Number Of Partner Nature of Business. Profession Tax Enrolment No. ECC Number under the central Excise and Tariff Act, 1985 . Trade License/Certificate of Enlistment issued by the Munipal/Local Body. | Pin Code* Municipal/Local Body Fax Status of the business * B)select- D)select- PAN/TAN Number of the Firm(if any) * |
| District select- select- select- select- select- select- select select | Municipal/Local Body Fax Status of the business * B)select- |
| Telephone No.* Telephone No.* Mobile No. Occupancy Status select | Fax. Status of the business * B)select- D)select- PAN/TAN Number of the Firm(if any) * |
| Mobile No. select- Occupancy Status* select- Number Of Partner select- Nature of Business. A) select- select- C) select- Profession Tax Enrolment No. select- Notuber under the central Existe and Tariff | Status of the business *select • B)select • D)select • PAN/TAN Number of the Firm(if any) * |
| Occupancy Status*select Number Of Partnerselect | Status of the business * B)select- v D)select- v PAN/TAN Number of the Firm(if any) * |
| Occupancy Status* select Number Of Partner select Nature of Business. A) select select C) select Profession Tax Enrolment No. select Profession Tax Enrolment No. Profession Tax Enrolment No. Tax Enrolment Act, 1985 . Trade License/Certificate of Enlistment issued by the Munipal/Local Body. | B) -select- |
| Number Of Partner select- Nature of Business. A) select- • C) select- Profession Tax Enrolment No. • ECC Number under the central Excise and Tariff Act, 1985 . • Trade License/Certificate of Enlistment issued by the Munipal/Local Body | B)select V D)select V PAN/TAN Number of the Firm(if any) * |
| Nature of Business. C)select- Profession Tax Enrolment No. ECC Number under the central Excise and Tariff Act, 1985 . Trade License/Certificate of Enlistment issued by the Munipal/Local Body | B) -select- V D) -select- V PAN/TAN Number of the Firm(if any) * |
| C)select | D)select ··· ··· ··· ··· ··· ··· ··· ··· ··· |
| Profession Tax Enrolment No. ECC Number under the central Excise and Tariff Act, 1985. Trade License/Certificate of Enlistment issued by the Munipal/Local Body | PAN/TAN Number of the Firm(if any) * |
| No. ECC Number under the central Excise and Tariff Act, 1985. Trade License/Certificate of Enlistment issued by the Munipal/Local Body | the Firm(if any) |
| central Excise and Tariff Act, 1985 . Trade License/Certificate of Enlistment issued by the Munipal/Local Body Trade License/Certificate of Enlistment issued by the Munipal/Local Body | |
| Trade License/Certificate of Enlistment issued by the Munipal/Local Body | |
| Trade Lisense / Slietment | |
| Hade Litense/Emistrient | Date of first issue of |
| Certificate No | the certificate (dd-mm-yyyy) |
| certificate (dd-mm-yyyy) | |
| Total amont of purchases, sales and contractual transfer price(C.T.P) of g | oods: |
| Last Year Purchase(Rs.) | Last Year Sales(Rs.) |
| Last Year C.T.P(Bs.) | |
| | Last Ouarter Sales |
| Last Quarter Purchase(Rs.) | (Rs.) |
| Last Quarter C.T.P(Rs.) | |
| Date of commencement of purchase, sale and works contract: | |
| Date of commencement of | Date of commencement of |
| Pate of common common of | sale (do-mm-yyy) |
| works contract (dd-mm-yyyy) | |
| Voluntary Liability | |
| Gross sales first exceeded sales of Rs.50,000/- | CTP sales first exceeded sales of Rs. 50,000/- (dd-mm-yyyy) |
| Accounting Year From APR 🍸 TO MAR 🌱 | |

The "Dealer Info" page is shown below

After filling the mandatory fields in "Dealer Info"(in VAT) the user can go to other pages either following the "next" button or following the tabs already mentioned before. The pages are shown below one by one

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| THE WEST BENGAL VALUE ADDED TAX RULES , 2005 FORM1 Application for New Registration [See sub-rule (1) of rule 5] [Please see Instructions before filling up the Application] | | | | | | | | |
|--|--------------------|-----------------------|--------------|------------------|------------|---------------|--------------------|----------|
| ler Info Branch Office | Contact Person | Warehouse & Factory | Commodity | Bank Detail | AnnexureA | A Partner Ba | nk Detail 🕴 Annexu | reB Subn |
| Addr | ess of all Branch | Offices within West B | engal | | | | | |
| Room | /Flat No | | ľ | District | | Select | ~ | |
| Premi | ses No. & Street | | | Pin Code* | | | | |
| City/I | 'own* | | | Municipal/Loca | al body | | | |
| Telep | hone No | | | | | | | |
| Name | e of the State and | d Registration Number | of the Branc | h Offices outsid | ie West Be | engal(if any) | | |
| Nam State | e of theSele | ct 💌 | | Ν | ame* | | | |
| Add | ress* | | | St | ate RC No | | | |
| Cent No. | ral RC | | | V | at RC No | | | |
| | | | ADD | | | | | |
| | | | | | | | | |

User will have to fill at least the mandatory fields and then press the "ADD" button. After entering the data when the user clicks on "ADD" button, data entered will be added and will be shown under the "ADD" button. If required users can either edit or delete those data.

Process is same for other pages which are shown below

| | THE WEST BENGAL VALUE ADDED TAX RULES , 2005 FORM1 Application for New Registration [See sub-rule (1) of rule 5] [Please see Instructions before filling up the Application] | | | | | | | | |
|-------------|--|---------------|--------------------|-----------|-------------|-----------|---------------------|------------|------------|
| Dealer Info | Branch Office Conta | ct Person 🛛 🕅 | arehouse & Factory | Commodity | Bank Detail | AnnexureA | Partner Bank Detail | Annexure B | Submit |
| | Contact Pe | rson Detai | 1 | | | | | | |
| | Name* | | | | Telephon | e No.* | | | |
| | Designation* | Select | ~ | | Mobile No | ». | | | |
| | Email | | | | Fax No. | | | | |
| | Address | | | | | | | | |
| | | | ADI | N | EXT | | | | |
| | | | | | | | | | |
| | | | | | | | | Devel | oped by NI |

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| THE WEST BENGAL VALUE ADDED TAX RULES , 2005 FORM1 Application for New Registration [See sub-rule (1) of rule 5] [Please see Instructions before filling up the Application] | | | | | | | | |
|--|---|---|---------------------------------------|-----------------------|--|--|--|--|
| Dealer Info Branch Office Contact Person Warehous | se & Factory Commodity | Bank Detail AnnexureA | Partner Bank Detail | Annexure B Submit | | | | |
| Address and Telephon Address* | e numbers of all Warhe | use in West Bengal | | ADD | | | | |
| Address and Telephon Address* | e numbers of all Factor | ies in West Bengal | | ADD | | | | |
| | NEXT | | | Developed by NIC | | | | |
| | | | | Developed by 110 | | | | |
| ן [P] | THE WEST BENGAL V Application [See sub lease see Instruction | ALUE ADDED TAX F FORM1 for New Registrati p-rule (1) of rule 5] s before filling up t | RULES , 2005 on he Application] | | | | | |
| Dealer Info Branch Office Contact Person Warho | use & Factory Commodity | Bank Detail Annex | ureA Partner Bank Det | ail Annexure B Submit | | | | |
| Commodity Name* | Select 💌 | Nature Of Dealing Raw Material/Fin Goods | Select | • | | | | |

----Select----

*

ADD NEXT

Taxable/Non Taxable

Developed by NIC

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| THE WEST BENGAL VALUE ADDED TAX RULES , 2005 FORM1 Application for New Registration [See sub-rule (1) of rule 5] [Please see Instructions before filling up the Application] | | | | | | | | |
|--|------------------------------------|-----------------------|-----------------------------|----------------------|--|--|--|--|
| Dealer Info Branch Office Con | tact Person Warehouse & Factory | Commodity Bank Detail | AnnexureA Partner Bank Deta | il Annexure B Submit | | | | |
| Detail of Ban | k Account | | | | | | | |
| Bank Name+ | Select | Account Type | Select | ~ | | | | |
| Branch* | Select 💌 | Account Number• | | | | | | |
| Account Holder* | | | | | | | | |
| Address | | | | | | | | |
| | | ADD | | | | | | |
| | | NEXT | | | | | | |

| | THE WEST BENGAL VALUE ADDED TAX RULES , 2005 FORM1 Application for New Registration [See sub-rule (1) of rule 5] [Please see Instructions before filling up the Application] | | | | | | | | |
|-------------|--|----------------|---------------------|-----------|-------------|-----------|---------------------|------------|-----------|
| Dealer Info | Branch Office | Contact Person | Warehouse & Factory | Commodity | Bank Detail | AnnexureA | Partner Bank Detail | Annexure B | Submit |
| | Detail of B | ank Account | Of Partner | | | | | | |
| | Name• | Select | ~ | Acco | int Type | | Select | ~ | |
| | Branch* | Select- | 🖌 | Acco | unt Number• | | | | |
| | Account Holder | *Select | A | | | | | | |
| | Address | | | | | | | | |
| | | | | ADD | | | | | |
| | | | | NEXT | | | | | |
| | | | | | | | | Develope | ed by NIC |
| | | | | | | | | | |

NB: The users are here by suggested to fill annexure A before filling the partner bank detail. Otherwise Account Holder list will not be populated consequently the user will not be able to add data for Partner Bank Account.

VALIDATIONS IN CASE OF APPLICATION FOR VAT

- Some important validation are kept E-registration
 - a) Date validation: Date must be in "dd-mm-yyyy" format.
 - b) PAN number validation: Pan Number must be in "XXXXX9999X" format.
 - c) User will not be able to add duplicate "nature of business" in VAT registration. In
 - In "Bank Detail" & "Partner Bank Detail" data will populated in the "Bank Branch" list after selecting a particular bank name from the list.
 - e) Invalid special characters like "\?=_<>\$%! etc will not be allowed.

• Filing up Annexure A/B for VAT Annexure A page is show below

| [Please see Instructions before filling up the Application] | | | | | | | | | |
|---|---|--|------------------------------|--|--|--|--|--|--|
| Into Branch Office Cont | act Person Warehouse & Factory | Commodity Bank Detail AnnexureA Pa | rtner Eank Detail Annexure B | | | | | | |
| | You must have to make | atleast one entry in Annexure A | | | | | | | |
| | (*) specified | fields are mandatory | | | | | | | |
| First Name* | | | | | | | | | |
| Middle Name | | | | | | | | | |
| Last Name * | | | | | | | | | |
| Date of Birth | (dd-mm-yyyy) single click to select date | Father's/Husband's name | | | | | | | |
| Extent of interest in the | Select. ¥ % | How long associated with the busines | sSel YEARSSel MO | | | | | | |
| Other business interest in the state | Select 😽 % | Other business interest outsice the st | ateSelect 💙 % | | | | | | |
| Present Address | | Permanent Address | | | | | | | |
| Telephone No. | | Mobile No. | | | | | | | |
| Fax No. | | Email Id * | | | | | | | |
| Details of personal immovable assets: | | Income Tax Pan No.* | | | | | | | |

➢ If it is not a private company user will have to make at least one entry in Annexure −A, otherwise user will not be able to submit the form. To make an entry in Annexure −A the user will have to fill at least the mandatory fields and click on "ADD" button at the bottom section.

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| THE WEST BENGAL VALUE ADDED TAX RULES , 2005 FORM1 Application for New Registration [See sub-rule (1) of rule 5] [Please see Instructions before filling up the Application] | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|
| Dealer Info Branch Office Ccr | ntact Person Warehouse & Fac | ttory Commocity Bank Detail AnnexureA Partner Bank Detail Annexure B Submit | | | | | | | | |
| | Your Information h | ave been addedYou can add more | | | | | | | | |
| | Annexure A You must have to make atleast one entry in Annexure A | | | | | | | | | |
| First Name= Middle Name Last Name = Date of Birth | (dd-mm-yy) a ngle click to select date | Father's/ Husband's name | | | | | | | | |
| Other business interest in the state | -Select 💙 % | How long associated with the business Sel V YEARSSel V NONTHS Other business interest outsice the stateSelect V % | | | | | | | | |
| Present Address | · | Permanent Address | | | | | | | | |
| Telephone No. Fax No. | | Mobile No. | | | | | | | | |
| Details of personal immovable assets: | | Income Tax Pan No.* | | | | | | | | |
| | | ADD NEXT Developed by NI | | | | | | | | |

After successful entry a message will be displayed at the top of the page indicating "Your data have been added...You can add more". Now if the user wants, can go for multiple entries.

➢ In the "Dealer Info" page if the user selects "Pvt./Public Limited Company" as his/her "business status", user will have to make at least one entry in Annexure −B. Otherwise user will not be able to submit the page. Annexure B page is shown below

| | | | THE WEST BENG Applicat [See [Please see Instruct | FORM1 FORM1 tion for New I sub rule (1) tions before fi | ED TAX RULES . Registration of rule 5] Iling up the A | 2005 pplication] | | | |
|-------------|--|-------------------|---|---|--|---------------------|---------------------|------------|----------|
| Dealer Info | Branch Office | Contact Person | Warehouse & Factory | Commodity | Bank Detail | AnnexureA | Partner Bank Detail | Annexure B | Submit |
| | | | | Annexure | В | | | | |
| N Fi | ame of the Mana rst Name* iddle Name | aging Director/Di | (*)speci irector/Secretory/Tru | ified fields ar | e mandatory | | | | |
| L | ast Name* | | | | | | | | |
| D | ate Of Birth | double click | (dd-mm-yyyy) to select date | | | | | | |
| 0 | fficial Designation | n | | How lor with the | g associated business | Sel 🛩 YE | ARSSel 🛩 MONTHS | | |
| P | resent Address | | | Perman | ent Address | | | | |
| T F | elephone No. ax No. | | | Mobile Mobile | 10. * | | | | |
| Ir | ncome Tax Pan N | 0* | | | | | | | |
| | | | | ADD | EXT | | | | |
| | | | | | | ~ | | Develop | ed by NI |

> After filling the mandatory fields the user will have click on "ADD" button.

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| | THE WEST BENGAL VALUE ADDED TAX RULES , 2005 FORM1 Application for New Registration [See sub-rule (1) of rule 5] [Please see Instructions before filling up the Application] | | | | | | | | | | |
|-------------|--|------------------|--------------------------------|---------------------|--------------------------|------------|---------------------|-------------------|--|--|--|
| Dealer Info | Branch Office | Contact Person | Warehouse & Factory | Commodity | Bank Detail | AnnexureA | Partner Bank Detail | Annexure B Submit | | | |
| | Your information have been addedYou can add more Annexure B | | | | | | | | | | |
| | | | (*)spec | ified fields ar | e mandatory | / | \ \ | | | | |
| N | ame of the Mana | aging Director/D | rector/Secretory/Tru | istee | | | \backslash | | | | |
| Fit | rst Name* | | | | | | \backslash | | | | |
| INI La | iddie Name | - | | | | | \backslash | | | | |
| Lo | ast Mame | <u></u> | | | | | \ | | | | |
| n: | ate Of Birth | double click | (dd-mm-yyyy) to select date | | | | | | | | |
| of | fficial Designation | n | | How lor with the | g associated business | -Sel 💙 YEA | ARSSel | 5 | | | |
| Pr | resent Address | | | Perman | ent Address | | | | | | |
| Te | elephone No. | | | Mobile N | 10. | | | | | | |
| Fa | ax No. | | | Email Id | | | |] \ | | | |
| In | icome Tax Pan N | 0* | | | | | | | | | |
| | | | | ADD N | EXT | | | Developed by NI | | | |

➢ After successful data entry a message will be displayed as "Your data have been addedYou can add more". Now if the user wants can go for another entry in annexure B.

CAPTCHA IN SUBMIT FORM



➤ "CAPTCHA" is incorporated in the submit page. In the submit page a code will be displayed. What the user has to do is to read the code carefully from left to right, enter that code in the input box given there and submit the form. If the code entered mismatches, "Incorrect" message will be displayed and another code will be provided. If the code entered by user matches code in "CAPTCHA" an acknowledgement page will be generated.

Declaration must be checked.

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➢ User has to print out the acknowledgement page, Dealer Info, Annexure A(if any), Annexure B(if any).

HOW TO FILL UP APPLICATION FOR CST REGISTRATION

User will follow the link "Application for CST registration" in the website of Directorate of Commercial Taxes.

➤ User will be redirected to " "Dealer Details" page , user will have fill at least the mandatory fields which are specified by "*" mark. Unless the user fills the mandatory fields user will not be able to proceed.

> All the multiple entry fields must be added by clicking add button.

The "Dealer Details" page is shown below

User Manual

e-Application for VAT & CST Registration

| | The Ce | ntral Sales Tax APPLIC nder Section 7(1 | (Registration and Tur FORM A (See Rule 3) CATION FOR REGISTRA)/7(2) of the Central Sale | nover) Rules, 19 FION s Tax Act, 1956] | 57 | |
|---|---|---|--|--|---------------------------------|---|
| DEALER DETAILS | ADDL. PLACE OF BUSINESS | WAREHOUSE | COMMODITY DETAILS | PROPRIETOR-PAR | INERS-KARTA | BUSINESS DETAILS |
| | | NOTE :- * | Marked are mandator | y field. | | |
| You are liable to pay tax Applicant either have to | under the W.B.V.A.T. Act,2003 give TIN number or VAT applica | under section 10(7) tion number.[Not bo | oth] | | | |
| If you are a registe If you have applied thereof * | red dealer under WBVAT AC online for registration unde | CT 2003 mention or the WBVAT Ad | n the TIN [*] ct 2003 the application (| number | | |
| I, Name* | son/daughter of Fa | ther Name* | | on behalf of t | he dealer carry | ing on the business |
| under the trade nar Section $7(1) \checkmark$ of | me Trade Name* the Central Sales Tax Act, | within the Stat 1956. | te of WEST BENGAL here | by apply for a ce | rtificate of Reg | istration under |
| Room/Flat No. | ipai riace of Address | | Premise No | | | |
| Ctreat* | | | C: T | | | |
| Street | | | City/Town/ | VШage | Select Dist | ict w |
| Post Office | WESTRE | NGAI | District" | | Select Distr | |
| State * | WESTBE | NGAL | Pin Code | * | | |
| E-MAIL | | | Phone Num | ber(With STD) | | |
| Fax Number (with S | siD)(if any) | | Mobile Num | ber(if any) | | |
| Certificate of Enlistmen Name of Municipal / | t issued by Municipal /Local Body Local Body | (,1905 (il aliy) | | | | |
| Enlistment No. | | | Date of Is (DD/MM/Y | YYY) | | remove double click on 'Date of Issue' input box |
| 3. We observe the ENG | LISH 🚩 calendar and for the p | arpose of accounts. | | | | |
| Accounting year | | From * | APRIL | 🖌 то * | | MARCH 💌 |
| 4. We make up our 5. CONTACT PERSON | accounts of sales to the da | ate at the end o | f every Account | period 💌 | | |
| Name of the person State of West Beng | deemed to be the Manager al [*] | r in relation to t | he business of the deale | er in the | | |
| Status or relationsh | ip of the person who makes | s this application | ۱* | Sel | ect Status | * |
| 6. Name of the appl | licant * | | | | | |
| Status in relation to | the dealer * | | Select S | tatus | * | |
| 5. Name of the appl | icant * | | | | | |
| Status in relation to | the dealer * | | Select S | tatus | * | |
| I declare that with a copy of the Central Registratio | the above statements ar acknowledgement slip & on Cell within 3 days from | e tru e and cor photocopies of the date of fili | rect. I would post/ser f documents through t ng the application. | nd a printed copy he Department o | of the applic of Post / Cour | ation duly signed alo ier to the officer of |
| | | по | o _c d | | | DEVELOPED B |
| | Read the char | racters/numbers fro | om left to right and enter the | code below.(No blank s | ipace) | |
| | | Enter the code fro | om above image | | | |

Enter TIN number or VAT application number. You have to fill up all mandatory fields marked (*), additional place of business & warehouse details are not mandatory.

All the multiple entry fields must be added by clicking add button.

ADDL. PLACE OF BUSINESS

| | The Co | entral Sales Tax APPLIC Under Section 7(1 | (Registration and Tur FORM A (See Rule 3) CATION FOR REGISTRA)/7(2) of the Central Sale | nover) Rules TION Is Tax Act, 1956 | 5] | | |
|---|--|--|--|---|---|---|----------------------|
| DEALER DETAILS | ADDL. PLACE OF BUSINESS | WAREHOUSE | COMMODITY DETAILS | PROPRIETOR | PARTNERS-KARTA | BUSINESS DETAILS |) |
| | | NOTE :- * | Marked are mandato | y field. | | | |
| 1. Name(s) of the other | place(s) in the State of West Ben | gal where business i | is carried on and address of e | very such place | | | |
| Room/Flat No. | | | Premise No. | | | | |
| Street* | | | City/Town/Vill | age [*] | | | |
| Post Office * | | | District* | | Select District | ~ | |
| State* | WEST BENGAL | * | Pin Code* | | | | |
| E-Mail(if any) | | | Phone Numbe | r (if any) | | | |
| Fax Number (if an | ιy) | | | | | | |
| | | | ADD | | | | |
| Delete Modify F | Room/Flat No. Premise No. | Street City/To | own/Villze Post Office | District Sta | ite Pin Code E-Mail | Phone Number FA | AX |
| . List of the place of b | usiness in each of the other State | s together with the a | ddress of every such place | | | | |
| Room/Flat No. | | | Premise No. | | | | |
| Street [*] | | | City/Town/Vill | age [*] | | | |
| Post Office * | | | District* | | | |] |
| E-Mail(if any) | | | Phone Numbe | r(With STD) (i | f any) | | |
| Fax Number(with § | STD) (if any) | | | | | | |
| | | | ADD | | | | |
| Delete Modify F | Room/Flat No. Premise No. | Street City/To | own/Village Post Office | District Sta | ate Pin Code E-Mail | Phone Number FA | AX |
| □ I declare tha vith a copy of the Central Registrati | t the above statements a e acknowledgement slip § ion Cell within 3 days froi Read the ch | are tru e and coi a photocopies o n the date of fil aracters/pumbers fr | oc rom left to right and enter the | nd a printed the Departm code below.(No b | copy of the applic ent of Post / Cour lank space) | ation duly signed a ier to the officer of DEVELOPED | along f D BY N |
| | mation of addi | Enter the code fr | Submit | of West | Bengal | | |
| | | | | | 2 ongan | | |
| DD infor | mation of addi | tional bra | ánch office o | of other | state. | | |

WAREHOUSE

| The Central Sales Tax (Registration and Turnover) Rules, 1957 FORM A (See Rule 3) APPLICATION FOR REGISTRATION [Under Section 7(1)/7(2) of the Central Sales Tax Act, 1956] | | | | | | | | | |
|---|----------------------------------|--|--|--|------------------|----------------------|--------------------|----------------------|--|
| DEALER DETAILS | ADDL. PLACE OF | BUSINESS | WAREHOUSE | COMMODITY D | ETAILS | PROPRIETOR-PAR | INERS-KARTA | BUSINESS DETAILS | |
| NOTE :- * Marked are mandatory field. | | | | | | | | | |
| Complete list of the war | ehouses in the Stat | e of West Beng | al where goods rel: | ating to the busines | s are ware | housed and address o | f every such wareh | ouse | |
| Premise No. | | | | Street | • | | | | |
| Citv/Town/Village* | | | | Post O | ffice * | | | | |
| State* | | WEST BEN | IGAL | District | * | | Select District | ~ | |
| Pin Code* | | | | E-Mail(| if any) | | | | |
| Phone Number(with | STD) (if any) | | | Fax Nu | mber(wi | th STD) (if any) | | | |
| | | | | ADD | | | | | |
| with a copy of the Central Registratio | acknowledgen on Cell within 3 | nent slip & J days from Read the chara | photocopies of the date of fili <u>no</u> cters/numbers fro | f documents the ng the applicat Oc d m left ty right and e | rough t tion. | he Department o | of Post / Couri | er to the officer of | |
| Enter the code from abre image | | | | | | | | | |
| ADD information of warehouse. | | | | | | | | | |
| | | | | | | | | | |

COMMODITY

| The Central Sales Tax (Registration and Turnover) Rules, 1957 FORM A (See Rule 3) APPLICATION FOR REGISTRATION | | | | | | | | | |
|---|---|-----------------------------------|---|--|--|--|--|--|--|
| [Under Section 7(1)/7(2) of the Central Sales Tax Act, 1956] | | | | | | | | | |
| DEALER DETAILS | ADDL. PLACE OF BUSINESS | WAREHOUSE | COMMODITY DETAILS | PROPRIETOR-PARTNERS-KARTA | BUSINESS DETAILS | | | | |
| NOTE :- * Marked are mandatory field. | | | | | | | | | |
| | | | | | | | | | |
| Please select atle | east one commodity from I ds or classes of goods are put | below given lis rchased by the | st dealer in the course of | Inter-State trade or commerce f | or | | | | |
| The following good | | ichaoca by the | | | | | | | |
| Select Nature of | f Dealing | SELECT | COMMODITY | | ADD | | | | |
| Delete | Nature of Dealing | | | Commodity | | | | | |
| OR | | | | | | | | | |
| Generate or distrit | bute the following form of pow | wer | | | | | | | |
| SELECT FORM OF I | POWER Y | | | ADD | | | | | |
| Delete | | | Form of Power | | | | | | |
| | | | | | | | | | |
| □ I declare tha with a copy of the | t the above statements are e acknowledgement slip & | e tru e and co photocopies o | rrect. I would post/se f documents through | nd a printed copy of the applic the Department of Post / Cour | ation duly signed along ier to the officer of | | | | |
| Central Registrat | tion Cell within 3 days from | the date of fil | ing the application. | | | | | | |
| | | _ | | | DEVELOPED BY NI | | | | |
| | | n | Pd ^o c | | | | | | |
| Read the characters/numbers from left to right any enter the code below.(No blank space) | | | | | | | | | |
| Enter the code from above in age | | | | | | | | | |
| Submit | | | | | | | | | |
| | | | | | | | | | |
| | motion of com- | nodity. | | | | | | | |
| | mation of com | noully. | | | | | | | |

PROPRIETOR-PARTNERS-KARTA

| (See Rule 3) APPLICATION FOR REGISTRATION [Under Section 7(1)/7(2) of the Central Sales Tax Act, 1956] | | | | | | | | | | |
|--|----------------------------------|---------------------------|-----------------------------------|----------------------------------|------------------------|---|--|--|--|--|
| DEALER DETAILS ADDL. PLACE OF BUSINESS WAREHOUSE COMMODITY DETAILS PROPRIETOR-PARTNERS-KARTA BUSINESS DETAILS | | | | | | | | | | |
| | | NOTE :- | * Marked are m | andatory field. | | | | | | |
| Name(s) and address(| es) of the proprietor of the b | usiness/partners of the k | usiness/all persons l | aving any interest in th | ne business togethe | er with their age,father's name etc. | | | | |
| 1. Name in Full [*] | | | | | |] | | | | |
| 2. Father's / Husbands Name* | | | | | | | | | | |
| 3. Date of Birth (DD/MM/YYYY) [*] | | | | | | | | | | |
| 4. Extent of Inter | est in the business * | | | % | | | | | | |
| 5. Present Residentia | ll Address* | | | | | | | | | |
| | | | | | | | | | | |
| 6. Permanent Reside | ntial Address [*] | 7 | | | | | | | | |
| SAME AS ABOVE | | | | | | | | | | |
| ADD | | | | | | | | | | |
| Delete Modify Name Ful | e in Father's/Husbands I Name | Date of Birth Intreset | Present Residential Address | Parmanent Residential Address | Signature (Column9) | Address & Signature of witness attesting signature in Column 9 | | | | |
| I declare that the above statements are tru e and correct. I would post/send a printed copy of the application duly signed along the acopy of the acknowledgement slip & photocopies of documents through the Department of Post / Courier to the officer of | | | | | | | | | | |

ADD information of **PROPRIETOR/PARTNERS/KARTA**. Note: -

- 1. Extent of Interest in the business must a Whole number and cannot be greater than 100.
- 2. Date of birth of PROPRIETOR/PARTNERS/KARTA must be greater than 18 years.

BUSINESS DETAILS

| The Central Sales Tax (Registration and Turnover) Rules, 1957 FORM A (See Rule 3) APPLICATION FOR REGISTRATION [Under Section 7(1)/7(2) of the Central Sales Tax Act, 1956] | | | | | | | | | | |
|---|---|-------------------|--------------------------------|----------------------------------|------------------|--|--|--|--|--|
| DEALER DETAILS | ADDL. PLACE OF BUSINESS | WAREHOUSE | COMMODITY DETAILS | PROPRIETOR-PARTNERS-KARTA | BUSINESS DETAILS | | | | | |
| NOTE :- * Marked are mandatory field. | | | | | | | | | | |
| 1. The business is * | | | | | | | | | | |
| U Wholly | | Mainly | | Partly | | | | | | |
| Select Wholly | ✓ ADD | Select Mainly | ~ | ADD Select Partly | ✓ ADD | | | | | |
| Delete | | · · · · · · | Nature of Business | | Туре | | | | | |
| 2. We are member | s of (I | nter the name | of the Chamber of Com | merce, Trade Association or Comn | nercial body) | | | | | |
| 3. We keep our acc | counts in | language ar | nd script. | | | | | | | |
| 4. Business in respect of which this application is made, was first started on * CALENDAR (DD/MM/YYYY) 5. The first sale in the course of inter-State trade was effected on CALENDAR (DD/MM/YYYY) CALENDAR (DD/MM/YYYY) | | | | | | | | | | |
| Central Registration | with a copy of the acknowledgement slip & photocopies of documents through the Department of Post / dourier to the officer of Central Registration Cell within 3 days from the date of filing the application. DEVELOPED BY NIC | | | | | | | | | |
| | Read the char | acters/numbers fr | om left to right and enter the | code below.(No blank space) | | | | | | |
| Enter the code from above image | | | | | | | | | | |
| You can only select Wholly and ADD. | | | | | | | | | | |
| You can only select Mainly and/or Partly and ADD. | | | | | | | | | | |
| Enter the code shown in image and click on submit. | | | | | | | | | | |