

**FORM D**  
**Application for Registration as a Dealer under Section 12 of The Andhra**  
**Pradesh General Sales Tax Act, 1957**  
**(See Rules 28 and 29 of A.P.G.S.T. Rules, 1957)**

To

The Assistant / Deputy Commercial Tax Officer,

Division \_\_\_\_\_

Circle \_\_\_\_\_

Unit \_\_\_\_\_

I \_\_\_\_\_ (Name of the applicant) carrying  
on the proprietor business known as \_\_\_\_\_

\_\_\_\_\_ (Name of Proprietary) here by apply for  
registering me under Section 12 of the Andhra Pradesh General Sales Tax Act, 1957.

OR

I \_\_\_\_\_ (Name of the  
applicant) the \_\_\_\_\_ \*\* (Status of applicant in the firm)  
of the \_\_\_\_\_ \*\*\* (Status of firm) Carrying on the business known  
as \_\_\_\_\_ (Name of the business) hereby apply  
for registering, the said \_\_\_\_\_ \*\*\* (Status of firm) under Section 12 of the Andhra  
Pradesh General Sales Tax Act, 1957.

\*\* Status of applicant in firm may be

- |                      |                      |                     |
|----------------------|----------------------|---------------------|
| 1. Partner           | 2. Managing Director | 3. Secretary        |
| 4. Principal Officer | 5. Trustee           | 6. Any other status |

\*\*\* Status of firm may be

- |                    |                  |                           |
|--------------------|------------------|---------------------------|
| 1. Partnership     | 2. Private Ltd., | 3. Public Ltd.,           |
| 4. Society         | 5. Trust         | 6. Club                   |
| 7. Association     | 8. Govt. Company | 9. Hindu Undivided Family |
| 10. Works Contract | 11. Hotels       |                           |

The particulars of the above business are given below.

1. Name and full postal address of the principal place of business with the particulars of building, name and number, ward name and number, street name etc.,

Name \_\_\_\_\_

Address \_\_\_\_\_

Building Name \_\_\_\_\_ Building Number \_\_\_\_\_

Ward Name \_\_\_\_\_ Ward Number \_\_\_\_\_

Street / Road \_\_\_\_\_

Village / Town \_\_\_\_\_ STATE \_\_\_\_\_

District \_\_\_\_\_ Pin code \_\_\_\_\_

2. Name and full postal address of all the other places of business in the state with particulars of building, name and number, ward name and number, road name, street etc., of each place of business (if the space in this column is found to be insufficient additional sheets may be used and duly signed)

Name \_\_\_\_\_

Address \_\_\_\_\_

Building Name \_\_\_\_\_ Building Number \_\_\_\_\_

Ward Name \_\_\_\_\_ Ward Number \_\_\_\_\_

Street / Road \_\_\_\_\_

Village / Town \_\_\_\_\_ STATE \_\_\_\_\_

District \_\_\_\_\_ Pin code \_\_\_\_\_

Page number(s) of additional sheet(s) used \_\_\_\_\_

3. (a) Name and full address of all the other places of business outside the state with full details as required under Column 2. (Attach additional sheets if required).

Name \_\_\_\_\_

Address \_\_\_\_\_

Building Name \_\_\_\_\_ Building Number \_\_\_\_\_

Ward Name \_\_\_\_\_ Ward Number \_\_\_\_\_

Street / Road \_\_\_\_\_

Village / Town \_\_\_\_\_ STATE \_\_\_\_\_

District \_\_\_\_\_ Pin code \_\_\_\_\_

Page number(s) of additional sheet(s) used \_\_\_\_\_

(b) Name and full address of registered office of business, is situated outside the state of A.P. along with Registration Certificate number.

Registration Certificate No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Building Name \_\_\_\_\_ Building Number \_\_\_\_\_

Ward Name \_\_\_\_\_ Ward Number \_\_\_\_\_

Street / Road \_\_\_\_\_

Village / Town \_\_\_\_\_ STATE \_\_\_\_\_

District \_\_\_\_\_ Pin code \_\_\_\_\_

Page number(s) of additional sheet(s) used \_\_\_\_\_

4. Complete list of godowns in which the goods relating to the business are stored and address of every such godown (Attach additional sheets in the given format, if required)

Name \_\_\_\_\_

Address \_\_\_\_\_

Building Name \_\_\_\_\_ Building Number \_\_\_\_\_

Ward Name \_\_\_\_\_ Ward Number \_\_\_\_\_

Street / Road \_\_\_\_\_

Village / Town \_\_\_\_\_ STATE \_\_\_\_\_

District \_\_\_\_\_ Pin code \_\_\_\_\_

Page number(s) of additional sheet(s) used \_\_\_\_\_

5. Description of all classes of goods either bought, sold, manufactured, supplied, distributed etc., by the dealer (Attach additional sheets if required)

	Commodity Description	Code		Commodity Description	Code
1			6		
2			7		
3			8		
4			9		
5			10		

Page number(s) of additional sheet(s) used \_\_\_\_\_

6. Date of Commencement of business Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

7. The language in which the Accounts are Kept and maintained \_\_\_\_\_

8. The accounting year followed by the dealer for the purpose of Income Tax Act.

From \_\_\_\_\_ To \_\_\_\_\_

9. Name(s) and addresses of the proprietors, partners, all persons having any interest in the business (Additional sheet with the following columns shall be used, if necessary).

Page number(s) of additional sheet(s) used \_\_\_\_\_

(a) Serial number \_\_\_\_\_

(b) Name in full of the person \_\_\_\_\_

(c) Name of father of the person \_\_\_\_\_

(d) Age of the person \_\_\_\_\_

(e) Permanent postal address of the person \_\_\_\_\_

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(f) Present postal address of the person \_\_\_\_\_

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(g) Extent of interest of the person in the  
Business \_\_\_\_\_

(h) Signature of the person \_\_\_\_\_

(i) Name, address and signature of witness attesting signature and identifying the persons (The identification should be by 2 dealers who are registered under the Act).

a) Partners names &amp; signatures

S.No.	Name	Signature	S.No.	Name	Signature
1			6		
2			7		
3			8		

4			9		
5			10		

Witness (Registered dealer)

S.No.	Name and Address	R.C.Number	Signature
1.			
2.			

10. Particulars of other interests, if any, in other business concerns or other concerns, such as shares and stocks, investment in chit funds, securities, defence certificates, National Savings Certificates, Central and State loans including those floated by Public Undertakings, deposits including Bank accounts and movable and immovable properties of the properties, partners, members in the business, both in State and in other States (Please append a list containing these particulars, in respect of each member).

Page number(s) of additional sheet(s) used \_\_\_\_\_

11. Particulars of registration certificate if any, held by the dealer, before the submission of this application under the General Sales Tax Act, with the name of the office from where the certificate has been obtained with number and date of certificate.

Division \_\_\_\_\_  
 Circle \_\_\_\_\_  
 Unit \_\_\_\_\_  
 No. \_\_\_\_\_  
 Date : \_\_\_\_\_

12. Particulars of Central Sales Tax Registration Certificate, if any, held by the dealer with the name of the office, where such certificate has been obtained with number and date of certificate.

Division \_\_\_\_\_  
 Circle \_\_\_\_\_  
 Unit \_\_\_\_\_  
 No. \_\_\_\_\_  
 Date \_\_\_\_\_

13. General nature of business: (Tick whichever is applicable)

- |                   |                           |                    |           |
|-------------------|---------------------------|--------------------|-----------|
| 1. Wholesale      | 2. Retail                 | 3. Manufacturing   | 4. Agency |
| 5. Distribution   | 6. Stockist               | 7. Leasing Company | 8. Hotel  |
| 9. Works Contract | 10. If any other, specify |                    |           |

14. Details of goods ordinarily purchased by the dealer for (Attach additional sheets if required)



(a) Use as raw materials in the manufacture of goods for sale

	Commodity Description	Code		Commodity Description	Code
1			3		
2			4		

Page number(s) of additional sheet(s) used \_\_\_\_\_

(b) Sale in the course of inter-State trade or commerce.

	Commodity Description	Code		Commodity Description	Code
1			3		
2			4		

Page number(s) of additional sheet(s) used \_\_\_\_\_

(c) Export outside the State

	Commodity Description	Code		Commodity Description	Code
1			3		
2			4		

Page number(s) of additional sheet(s) used \_\_\_\_\_

## (d) Despatch outside the State

	Commodity Description	Code		Commodity Description	Code
1			3		
2			4		

Page number(s) of additional sheet(s) used\_\_\_\_\_

## 15. Details of goods, if any, Imported into the State by the dealer from foreign countries or from other States in India.

	Commodity Description	Code		Commodity Description	Code
1			3		
2			4		

Page number(s) of additional Sheet(s) used\_\_\_\_\_

## 16. Name and address of the Chambers of Commerce,

Trade Association etc., of which the dealer is a

member :

(Attach additional sheets, if required)

Page Number(s) of additional sheet(s) used\_\_\_\_\_

17. The total turnover of the year preceding to  
which the application is submitted. :

18. Actual turnover of the year upto date of submission  
of the application :

19. The estimated total turnover for the year in which  
application is submitted :

20. Amount of registration fee paid with particulars of  
challan number and date, cheque number and date,  
name of treasury, bank etc. :

### DECLARATION

I, \_\_\_\_\_ son/daughter/wife  
of \_\_\_\_\_ hereby declare that to the best of  
my knowledge and belief the information in this application give above is true and correct.

Place: \_\_\_\_\_ Name, address and signature of the person  
signing with the status and relationship to  
Date: \_\_\_\_\_ the dealer, (Here state whether proprietor,  
manager, director, partner etc.)

Note:

1. On every additional sheet of paper used indicate the Registration Certificate Number with \_\_\_\_\_ division, Circle and Unit number. Also indicate the serial number of the information to which it pertains.
2. Write the page number of each additional sheet attached to this form starting from page \_\_\_\_\_ number 9.
3. Total number of pages enclosed.

(FOR OFFICIAL USE BY THE REGISTERING AUTHORITY)

1. Date of receipt of application \_\_\_\_\_
2. Nature of order passed by the Registering Authority in the application \_\_\_\_\_
3. Date on which, the place at which and the officer before whom the applicant is called for verification of accounts. Date \_\_\_\_\_ Place \_\_\_\_\_
4. The date by which the registration certificate is ready \_\_\_\_\_
5. Registration Certificate number and date of issue  
Circle: \_\_\_\_\_  
Division \_\_\_\_\_  
Unit Number \_\_\_\_\_  
Date \_\_\_\_\_
6. Old number (if any in red ink)  
Division \_\_\_\_\_  
Circle \_\_\_\_\_  
Unit Number \_\_\_\_\_  
Date \_\_\_\_\_
7. No. of branches \_\_\_\_\_
8. No. of godowns \_\_\_\_\_
9. No. of Partners \_\_\_\_\_
10. No. of Commodities \_\_\_\_\_

11. General category of business (See list \_\_\_\_\_  
of codes supplied)

SIGNATURE OF THE REGISTERING AUTHORITY

Additional Sheets for Sl.Nos \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Building Name \_\_\_\_\_

Building Number \_\_\_\_\_

Ward Name \_\_\_\_\_

Ward Number \_\_\_\_\_

Street / Road \_\_\_\_\_

Village / Town \_\_\_\_\_

STATE \_\_\_\_\_

District \_\_\_\_\_

Pin code \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Building Name \_\_\_\_\_

Building Number \_\_\_\_\_

Ward Name \_\_\_\_\_

Ward Number \_\_\_\_\_

Street / Road \_\_\_\_\_

Village / Town \_\_\_\_\_

STATE \_\_\_\_\_

District \_\_\_\_\_

Pin code \_\_\_\_\_

Name	_____	
Address	_____	
Building Name	_____	Building Number _____
Ward Name	_____	Ward Number _____
Street / Road	_____	
Village / Town	_____	STATE_____
District	_____	Pin code_____

Additional Sheets for Point Nos\_\_\_\_\_

Name	_____	
Address	_____	
Building Name	_____	Building Number_____
Ward Name	_____	Ward Number _____
Street / Road	_____	
Village / Town	_____	STATE_____
District	_____	Pin code_____

Name	_____	
Address	_____	
Building Name	_____	Building Number _____
Ward Name	_____	Ward Number _____
Street / Road	_____	
Village / Town	_____	STATE_____

District \_\_\_\_\_ Pin code \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Building Name \_\_\_\_\_

Building Number \_\_\_\_\_

Ward Name \_\_\_\_\_

Ward Number \_\_\_\_\_

Street / Road \_\_\_\_\_

Village / Town \_\_\_\_\_

STATE \_\_\_\_\_

District \_\_\_\_\_

Pin code \_\_\_\_\_

Additional Sheet for Point No.5:

Sl. No.	Commodity Description	Code


Additional Sheet for Point.No.9

Sl. No	Name in full of the person	Father's Name	Age	Permanent Addresses	Permanent Postal Addresses	Extent of Interest	Signature




Additional Sheet for point No.14( )

[illegible]
