

<b>Form YY</b>	<b>Application for Tax Deductor Identification Number</b> <i>(Under Rule 9(1)(a) of The Tamil Nadu Value Added Tax Rules, 2007)</i>
	<i>If you have any query regarding any of the questions consult the nearest Assessment Circle.</i>

<b>Not having TIN</b>	Please fill all section starting from <b>Section A to Section E</b>
<b>Person having TIN</b>	Please fill section A, C and D (Fill C and D only if information are different than declared under VAT)

### Section A – Existing Registration Details with Tamil Nadu Commercial Taxes Department

<b>1) Do you have a 11 Digit Active TIN?</b>	<input type="checkbox"/> NO	<input type="checkbox"/> YES : If Yes, Please Specify
<b>2) Please specify details of existing Registration</b>	Value Added Tax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Entertainment Tax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Luxury Tax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Section B – Name, Address and Common Business Details

<b>1) Legal Name of the Person/Works Contractee</b>														
<b>2) Trade Name Person / Works Contractee</b>														
<b>3) Principal Place of Business Address of Person / Works Contractee</b>														
a) Door / Plot No Old			b) Door / Plot No New			c) Building Name								
d) Shop / office Number			e) Street / Road						f) Village / Town / City					
g) District			h) PIN			i) Property Tax No.			j) Electricity Board Connection No.					
k) Census Code Number			l) Ownership Details <input type="checkbox"/> Owned <input type="checkbox"/> Rented						m) Income Tax PAN					
n) Income Tax TAN														
<b>4) Communication Details</b>			a) Landline Number			b) Mobile Number			c) E Mail Address					
			d) Website, if any						e) FAX Number					
<b>5) Constitution Details *</b>														
<input type="checkbox"/> Proprietor / Individual					<input type="checkbox"/> Partnership Firm					<input type="checkbox"/> Private Limited Company				
<input type="checkbox"/> Public Limited company					<input type="checkbox"/> Hindu Undivided Family					<input type="checkbox"/> Society				
<input type="checkbox"/> Government Undertakings					<input type="checkbox"/> Government Departments					<input type="checkbox"/> Trust				
<input type="checkbox"/> Joint Ventures					<input type="checkbox"/> Association of Persons					<input type="checkbox"/> Local Bodies				
<input type="checkbox"/> Agent/broker/others														

6) Circle	
7) Zone	
8) Division	

### Section C – Bank Account Details of Person / Works Contractee

Sr. No	Name of Bank	Bank Branch	Account Type Saving / Current /CC	Account Number	IFSC Code	MICR Code

### Section D – Details of Authorized Signatory / Authorized Person

1) Name of Person (As per PAN)	First Name	Middle Name	Surname
2) Father's Name	First Name	Middle Name	Surname
3) Date of Birth	D D / M M / Y Y Y Y		
4) Other Registration Details of Person	Voter ID	Adhar Card Number	
Passport Number	Ration Card No	PAN	
5) Designation			
6) Residential Address			
a) Door / Plot No Old	b) Door / Plot No New	c) Building Name	
d) Flat/Apartment Number	e) Street / Road	f) Village / Town / City	
g) District	h) sate	h) PIN	
7) Communication Details	a) Landline Number	b) Mobile Number	c) E Mail Address

### Section E – Declaration and Certification

I do hereby declare the particular furnished above are true, correct and complete to the best of my knowledge and belief.	
Name	Signature
Date (Day/Month/Year)	D D / M M / Y Y Y Y

	Received By	ApprovedBy
Office		
Name		
Signature		
Date		

(For Office Use)