

**APPLICATION FOR REGISTRATION  
UNDER THE VAT DEFERRED PAYMENT SCHEME BY VAT REGISTERED IMPORTERS  
(for the purposes of the provisions under Section 9B of the Customs Act)**

**PART I - PARTICULARS OF APPLICANT**

1	Name of Applicant (individual/company/Societe etc) .....	5	Business Registration No:	<input type="text"/>
2	Name of Representative (if applicable) .....	6	Tax Account No:	<input type="text"/>
3	Official Address .....	7	NIC:	<input type="text"/>
4	Tel No.                      Mobile No                      Fax No. .....                      .....	8	Email address: .....	

**PART II CATEGORY OF ACTIVITIES**

1	Line of Business: .....
2	Frequency of VAT Return*                      Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
3	List of Capital Goods: ..... (You may provide list of capital goods as attached document)
4	Estimated Amount of Deferred VAT Being Applied For: Rs. ....

**PART III DECLARATION BY APPLICANT**

I, the undersigned,....., hereby declare that all particulars furnished in this application and the documents submitted are true and correct and the applicant:

- (i) is compliant with Revenue Laws;
- (ii) is not under bankruptcy, liquidation or receivership; and
- (iii) keeps proper books and records.

I further undertake –

- (a) to notify forthwith the Director-General in writing of any subsequent change in the information or particulars provided in this application or upon cessation of business;
- (b) to give a security by bond; and
- (c) to comply with the other conditions set out under section 9B(2) of the Customs Act.

Name of Applicant/Representative:\* ..... Signature.....

Date: ...../...../20.....

*Note: (i) Applicant is required to submit copy of NIC, List of capital goods (plant and machinery), process of manufacture (if applicable) and, in case of companies, the Director's Certificate issued by Registrar of Companies.*

*(ii) It is mandatory for any person applying for registration under section 9B of the Customs Act to be already registered as an importer at MRA Customs.*

*\* tick as appropriate*

**FOR OFFICIAL USE ONLY**

**PART IV- REGISTRATION UNIT- TFCC SECTION**

	YES	NO	
1. Registered as Importer / Exporter	<input type="checkbox"/>	<input type="checkbox"/>	Application processed and forwarded to Assessment Section (PCA /Tariff), Deferral Regimes Section and CMS/IT Section: by COI/COII..... Employee No..... Signature..... Date...../...../20.....
2. VAT registered person	<input type="checkbox"/>	<input type="checkbox"/>	
3. Required documents submitted	<input type="checkbox"/>	<input type="checkbox"/>	

**PART V- ASSESSMENT SECTION – PCA UNIT**

	YES	NO	
1. Applicant is compliant with Customs Laws	<input type="checkbox"/>	<input type="checkbox"/>	Application processed By: Name of Officer:..... Grade:..... Signature: ..... Employee No: ..... Date:...../...../20.....
2. No objection from other Revenue Department	<input type="checkbox"/>	<input type="checkbox"/>	
3. Amount of security required under the VAT Deferred Payment Scheme: Rs. ....			

**Recommendation of Section Head / Team Leader, PCA Unit**

Remarks: .....

Name of SH/TL: ..... Signature: ..... Date: ...../...../20.....

**PART VI- ASSESSMENT SECTION – TARIFF UNIT**

	YES	NO	
1. List of items approved as capital goods in consultation with MSTD	<input type="checkbox"/>	<input type="checkbox"/>	3. Please specify reasons for non- approval of items as capital goods:..... .....
2. List approved as capital goods together with appropriate description, Codes and quantity attached	<input type="checkbox"/>	<input type="checkbox"/>	

**Recommendation of Section Head /Team Leader**

Remarks: .....

Name of SH/TL: ..... Signature: ..... Date: ...../...../20.....

**PART VII- DEFERRAL REGIMES SECTION**

Submission of Security	Application processed By: Name of Officer:..... Grade:..... Signature: ..... Employee No: ..... Date:...../...../20.....
1) Type of security subscribed:.....	
2) Amount subscribed: Rs.....	
3) Expiry date:.....	

**Recommendation of Section Head /Team Leader**

Remarks: .....

Name of SH/TL: ..... Signature: ..... Date: ...../...../20.....

**PART VIIIA- REGISTRATION UNIT- TFCC SECTION**

	YES	NO	
1. Clearance obtained from PCA	<input type="checkbox"/>	<input type="checkbox"/>	Application processed by COI/COII..... Employee. No..... Signature.....
2. Received List of Approved Capital from Tariff	<input type="checkbox"/>	<input type="checkbox"/>	Date...../...../20.....
3. Security approved by Deferral Regime	<input type="checkbox"/>	<input type="checkbox"/>	
4. Applicant flagged as 'VDPS' in CMS by COI/COII	<input type="checkbox"/>	<input type="checkbox"/>	
4a. Checked and approved by Team Leader/Technical officer	<input type="checkbox"/>	<input type="checkbox"/>	Sig: ..... Emp No: ..... Date:...../...../ 20.....

**PART VIIIB- CMS/IT SECTION**

1. To confirm that Applicant has been flagged 'as VDPS' in CMS	<input type="checkbox"/>	<input type="checkbox"/>	Application processed by COI/COII..... Employee. No..... Signature.....
2. Update approved list of scheduled Capital Goods in CMS for the entity approved as 'VDPS' by COI/COII	<input type="checkbox"/>	<input type="checkbox"/>	Date...../...../20.....

**Recommendation of Section Head /Team Leader**

Remarks:.....  
Name of SH/TL: ..... Signature: ..... Date: ...../...../20.....

**PART VIIIC- REGISTRATION UNIT- TFCC SECTION**

1. Letter checked and approved by Team Leader/Technical officer	<input type="checkbox"/>	<input type="checkbox"/>	Name of Officer: ..... Sig: ..... Emp No: ..... Date:...../...../ 20.....
2. Letter of approval sent to Applicant by COI/COII on .....	<input type="checkbox"/>	<input type="checkbox"/>	Name of Officer:..... Sig: ..... Emp No: ..... Date:...../...../ 20.....