

**Form DVAT 09**  
(See Rule 16 of the DVAT Rules, 2005)  
**Application for Cancellation of Registration under DVAT Act,**

Please attach your tax return for the tax period in which the effective date of cancellation of your registration falls. Please remember that if you are registered under the Central Sales Tax Act, you will have to file a separate application for the purpose of cancellation of that registration.

1. Registration No. \_\_\_\_\_

2. Full name of Applicant Dealer (For individuals, provide in order of first name , middle name, surname) \_\_\_\_\_

3. Trade Name (If any) \_\_\_\_\_

4. Reason for Cancellation (Tick <input checked="" type="checkbox"/> one as applicable)	<input type="checkbox"/> Discontinuance of business	<input type="checkbox"/> Closure of incorporated body
	<input type="checkbox"/> Death of Proprietor	<input type="checkbox"/> Dissolution of firm
	<input type="checkbox"/> Has ceased to be liable to pay tax	<input type="checkbox"/> Other , please Specify _____

5. Date from which registration under Delhi VAT Act, 2004 is to be cancelled \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Where the dealer has accounted for turnover on the basis of amounts received and amounts paid.	Description	(Rs.)
	(i) Amount not yet received in respect of sales made.	
	(ii) Amounts not yet paid in respect of purchaser made	

7. Amount payable in respect of all goods held on the date of cancellation of registration.  
Rs. \_\_\_\_\_

(Complete annexure to furnish details of stock and calculation of amount payable under section 23 (1) of the Act)

Verification. I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.	
Signature of Authorised Signatory	_____
Full Name (First name, middle, surname)	_____
Designation	_____

Place : \_\_\_\_\_

Date : \_\_\_\_\_

