

Government of the People's Republic of Bangladesh
National Board of Revenue
VAT/Turnover Tax Registration Form

Mushak-2.1

This form will be used for the taxpayers required/willing to get registered/enlistment under the Value Added Tax and Supplementary Duty Act, 2012. Please read the instructions pages at the end of this form carefully and fill ALL applicable fields correctly. Please contact our help-desk at 16555 if you need any assistance.

A. REGISTRATION BASICS

A1. Registration Category

New

☐

Re-registration

☐

Old 11 Digit BIN

Name of Company

B. BUSINESS INFORMATION

B1. Type of ownership:

(a) Proprietorship:

☐

(b) Partnership:

☐

(c) Private Limited

☐

(d) Public Limited

☐

(e) International Organization

☐

(f) Diplomatic Mission

☐

(g) Government

☐

(h) NGO

☐

(i) Educational Inst.

☐

(j) Other

☐

[Please specify in the field below]

B2. Are you a Withholding Entity:

Yes

☐

No

☐

C. General Information

C1. Trade License No (if applicable)

Issue Date

C2. RJSC Incorporation number (if any)

Issue Date

C3. e-TIN (if applicable)

C4. Name of the Company (As in e-TIN)

C5. Name of the Company (If different than in e-TIN)	<input type="text"/>		(Where applicable)
C6. Trading Brand Name (if any)	<input type="text"/>		
C7. Registration Type			
VAT	<input type="text"/>	Turnover Tax	<input type="text"/>
C8. Equity Information			
100% Local	<input type="text"/>	100% Foreign	<input type="text"/>
	<input type="text"/>	Joint Venture	<input type="text"/>
		Local Share (%)	<input type="text"/>
C9. BIDA Registration Number (if any)	<input type="text"/>	Issue Date	<input type="text"/>

D. CONTACT INFORMATION

D1. Factory/ Business Operations Address	<input type="text"/>
D2. District	<input type="text"/>
D3. Police Station	<input type="text"/>
D4. Post Code	<input type="text"/>
D5. Land Telephone Number (if any)	<input type="text"/>
	(District code + phone number)
D6. Mobile Telephone Number	<input type="text"/>
	(e.g. 01XXXXXXXX)
D7. e-Mail	<input type="text"/>
D8. Fax Number (if any)	<input type="text"/>
	(District code + phone number)
D9. Web address (if any)	<input type="text"/>
D10. Registered HQ Address [If different than address of D1] (if any)	<input type="text"/>
D11. Registered HQ Address outside Bangladesh [for	<input type="text"/>

100% foreign ownership] (if any)

E. LIST OF BRANCH UNITS YOU WISH TO BRING UNDER CENTRAL REGISTRATION

Branch Address	Branch Name	Category	Annual Turnover	BIN (if any)
1.				
2.				
3.				

[Use separate sheet to add more branch information]

F. MAJOR AREA OF ECONOMIC ACTIVITY

F1. Manufacturing

☐

F2. Services

☐

F3. Imports

☐

IRC
Number

Issue Date

F4. Exports

☐

ERC
Number

Issue Date

F5. Other

☐

Please
Specify

G. AREAS OF MANUFACTURING [MANDATORY IF TAXPAYER SELECT "MANUFACTURING" IN FIELD F1]

1. Agriculture/
Forestry/Fisheries

☐

2. Edible Oil

☐

3. Food & Beverage

☐

4. Tobacco

☐

5. Ores &
Minerals

☐

6. Chemical Products

☐

7. Plastic & Rubber Products

☐

8. Leather & Leather
Products

☐

9. Wood, Wooden Products &
Furniture

☐

10. Paper & Paper
Products

☐

11. Textiles & Apparels

☐

12. Glass, Ceramic &
Stone Articles

☐

13. Jewelry

☐

14. Iron, Steel &
Other Metal Products

☐

15. Machinery & equipment	<input type="checkbox"/>	16. Electrical & Electronics	<input type="checkbox"/>
17. Automobiles	<input type="checkbox"/>	18. Cycles & Motorcycles	<input type="checkbox"/>
19. Watercraft	<input type="checkbox"/>	20. Aviation	<input type="checkbox"/>
21. Optical Instruments (e.g. spectacles, camera)	<input type="checkbox"/>	22. Others	<input type="checkbox"/>
		(Please specify)	<input type="text"/>

H. AREAS OF SERVICE [MANDATORY IF TAXPAYER SELECT "SERVICES" IN FIELD F2]

1. Construction	<input type="checkbox"/>	2. Trading including e-Commerce	<input type="checkbox"/>
3. Real Estate	<input type="checkbox"/>	4. Transport	<input type="checkbox"/>
5. Electricity/Gas/Water Supply	<input type="checkbox"/>	6. Financial Institution	<input type="checkbox"/>
7. Hotel & Guest Houses	<input type="checkbox"/>	8. Restaurants	<input type="checkbox"/>
9. Rental & Leasing Service	<input type="checkbox"/>	10. Research & Consultancy	<input type="checkbox"/>
11. Healthcare	<input type="checkbox"/>	12. Education & Training	<input type="checkbox"/>
13. Telecommunication & Internet	<input type="checkbox"/>	14. Software & ITES	<input type="checkbox"/>
15. Sports & entertainment	<input type="checkbox"/>	16. Event Management & Catering	<input type="checkbox"/>
17. Workshop & Engineering	<input type="checkbox"/>	18. Tour Operator & Travel Agent	<input type="checkbox"/>
19. Advertising & Promotion	<input type="checkbox"/>	20. Customs Brokerage & Freight Forwarding	<input type="checkbox"/>
21. Radio & TV Operations	<input type="checkbox"/>	22. Consultancy	<input type="checkbox"/>
23. Others	<input type="checkbox"/>		
(Please specify)	<input type="text"/>		

I. BUSINESS CLASSIFICATION CODE [MANDATORY IF TAXPAYER SELECT "MANUFACTURING" IN FIELD F1 AND/OR "SERVICES" IN FIELD F2]

Commercial Description of Supply	H.S/Service Code	Description of H.S/Service Code
1.		
2.		
3.		

[USE SEPARATE CODE FOR EACH SUPPLY ACCORDING TO YOUR SELECTION IN SECTION "G' AND/OR "H" ABOVE]

[Use separate sheet to add more information]

J. BANK ACCOUNT DETAILS

Account Name	Bank Name	Account Number	Branch
1.			
2.			
3.			

[Add separate sheet for more bank accounts]

K. INFORMATION ABOUT OWNERS/DIRECTORS/Head of Entity

Full Name	Share (%)	NID/Passport Number & Issuing Country	e-TIN
1.			
2.			
3.			

[Add separate sheet for more owners/directors. For foreign nationals use Passport Number and issuing country]

L. BUSINESS OPERATIONS

L1. Taxable turnover in past 12 months period (if applicable)

BDT

L2. Projected turnover in next 12 months period

BDT

L3. No of employees

L4. Are you making any zero rated supply

Yes

No

L5. Are you making any VAT exempted supply

Yes

☐

No

☐

L6. Major Capital Machinery

(IF APPLICABLE) :

Description	Quantity	H.S. Code
1		
2.		
3.		

Value in BDT	Production Capacity	Physical Condition

[Add separate sheets for more information]

L7. Input-Output data

(IF APPLICABLE) :

Commercial Description of Output	H.S./ Service Code of Output	Selling Unit	Description of Major Inputs	H.S./ Service Code of Input	Quantity of input used per unit of output
1.					
2.					
3.					

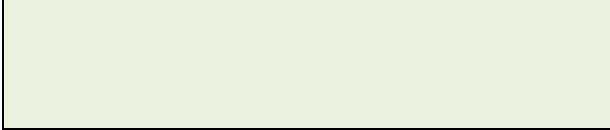
[Add separate sheets for more information]

M. Authorized Persons information for Online Activity

Description	Person-1	Person-2	Person-3
1. Name			
2. Designation			
3. NID			
4. Mobile No			
5. E-mail			
6. Purpose			

N. Declaration

All the details and informations provided in this form are true and complete. I am aware that any untrue/incomplete statement may result in delay in BIN issuance and I may be subjected to full penalty under The Value Added Tax and Supplementary Duty Act, 2012 or any other applicable Act prevailing at present.



SIGNATURE OF AUTHORIZED PERSON

(For manual submission only)

FULL NAME:

DESIGNATION: