

**ANNEXURE-  
III  
Form GST –**

[See Rule \_\_\_]

**Application for Registration under Goods and Services Tax Act, Year**

1	Legal Name of Business*	
1A	Trade Name (optional)	

2	Constitution of Business (Please Select the Appropriate)*
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Proprietorship	<input type="radio"/>	Partnership	<input type="radio"/>
Hindu Undivided Family	<input type="radio"/>	Private Limited Company	<input type="radio"/>
Public Limited Company	<input type="radio"/>	Society/Club/Trust/Association of Persons	<input type="radio"/>
Government Department	<input type="radio"/>	Public Sector Undertaking	<input type="radio"/>
Unlimited Company	<input type="radio"/>	LLP's	<input type="radio"/>
Local Authority	<input type="radio"/>	Statutory Body	<input type="radio"/>
Others ( Please Specify )	<input type="radio"/>		

**In case of Proprietorship\***

3	Name of Proprietor	
4	PAN of the proprietor	

**In case of other Businesses\***

4A	PAN of the Business	
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5	Name of the State and its Code*	Drop down for Name of State & Codes	▲
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6	Option For Composition	Yes <input type="radio"/>	No <input type="radio"/>
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7	Date of commencement of business								
		D	D	M	M	Y	Y	Y	Y
8	Date on which liability to pay tax arises	D	D	M	M	Y	Y	Y	Y
9	Estimated supplies (in case of casual dealers)								
	Period for which registration is required –								
	From								
	To								
10	Reason of liability to obtain registration (from the dropdown)	▲							

(1) Due to crossing the Threshold

- (2) Due to inter-State supply
- (3) Due to liability to pay as recipient of services
- (4) Due to being Input Service Distributor (ISD)
- (5) UN bodies for allotment of Unique Identification Number (ID)
- (6) Due to transfer of Business which includes change in the ownership of business (if transferee is not a registered entity)
- (7) Due to death of the Proprietor (if the successor is not a registered entity)
- (8) Due to de-merger
- (9) Due to change in constitution of business
- (10) Due to Merger / Amalgamation of two or more registered taxpayers
- (11) Being casual Dealer
- (12) Being Non resident Dealer
- (13) None of the above – on voluntary basis

**11 Indicate Existing Registrations**

	Yes/No	Registration Details
Central Excise		
Service Tax		
State VAT Registration (TIN)		
CST Registration No		
IEC No.(Importer Exporter Code Number )		
Corporate Identity Number (CIN)		
GSTIN		

**12 Details of Principal Place of Business\***

ADDRESS											
Building No/Flat No/Door No				Floor No							
Name of the Premises/Building				Road/Street/Lane							
Locality/Area/Village				District/Town/City							
Latitude (optional)				Longitude (optional)							
PIN Code											
CONTACT DETAILS											
Telephone number				Fax Number							
Mobile Number											
Email Address											
Nature of possession of premises											
Owned	<input type="radio"/>	Leased	<input type="radio"/>	Rented	<input type="radio"/>	Consent	<input type="radio"/>	Shared	<input type="radio"/>		

Please Tick the Nature of Business Activity being carried out at above mentioned Premises					
Factory / Manufacturing	<input type="radio"/>	Wholesale Business	<input type="radio"/>	Retail Business	<input type="radio"/>
Warehouse/Deport	<input type="radio"/>	Bonded Warehouse	<input type="radio"/>	Service Provision	<input type="radio"/>
Office/Sale Office	<input type="radio"/>	Leasing Business	<input type="radio"/>	Service Recipient	<input type="radio"/>
EOU/ STP/ EHTP	<input type="radio"/>	SEZ	<input type="radio"/>	Input Service Distributor (ISD)	<input type="radio"/>

Works Contract	<input type="radio"/>				
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**13. Details of Bank Accounts (s)**

Total number of Bank Accounts maintained by the applicant for conducting business	
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**Details of Bank Account 1**

Account Number															
Type of Account												IFSC			
Name of the Bank															
Branch and Address of the Bank & Branch	To be auto-populated (Edit mode)														
PIN Code														State	

**Details of Bank Account 2**

Account Number															
Type of Account															
Name of the Bank															
Branch and Address of the Bank & Branch	To be auto-populated (Edit mode)														
PIN Code														State	

Details 3...n (Multiple fields will be available to capture the details of all the additional Bank A/c)

**14 Details of the Goods/Commodities supplied by the Business**

Please specify top 5 Commodities		
S.N	Description of Goods	HSN Code (4 digit code)
0.		
1		
2		
...		
5		

**15 Details of Services supplied by the Business.**

Please specify top 5 Services		
S. No.	Description of Services	Service Accounting Code
1		

2		
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5		

**16 Details of Additional Place of Business**

Number of additional places	
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**Premises 1**

**Details of Additional Place of Business**

<b>ADDRESS</b>											
Building No/Flat No/Door No						Floor No					
Name of the Premises/Building						Road/Street/Lane					
Locality/Area/Village						District/Town/City					
PIN Code											
<b>CONTACT DETAILS</b>											
Telephone number						Fax Number					
Mobile Number											
Email Address											
<b>Nature of possession of premises</b>											
Owned	<input type="radio"/>	Leased	<input type="radio"/>	Rented	<input type="radio"/>	Consent	<input type="radio"/>	Shared	<input type="radio"/>		<input type="radio"/>

<b>Please Tick the Nature of Business Activity being carried out at above mentioned Premises</b>					
Factory / Manufacturing	<input type="radio"/>	Wholesale Business	<input type="radio"/>	Retail Business	<input type="radio"/>
Warehouse/Deport	<input type="radio"/>	Bonded Warehouse	<input type="radio"/>	Service Provision	<input type="radio"/>
Office/Sale Office	<input type="radio"/>	Leasing Business	<input type="radio"/>	Service Recipient	<input type="radio"/>
EOU/ STP/ EHTP	<input type="radio"/>	SEZ	<input type="radio"/>	Input Service Distributor (ISD)	<input type="radio"/>
Works Contract	<input type="radio"/>				

Premises 2.....n (Multiple fields will be available to capture the details of all the additional places of business within the state)

**17 Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. \***

Total Number of Persons

Please provide details in the table below. In case you need more tables, click on add table

- In case of **Proprietorship**: Details of Owner/Proprietor
- In case of **Partnership**: Details of **all Managing/ Authorized Partners** (personal details of all partners but photos of only ten partners including that of Managing Partner is to be submitted)
- In case of **Companies** registered under Companies Act: **Managing Director and**

**whole time directors**

- In case of HUF: Details of **Karta of HUF**



- In case of **Trust**: Details of **Managing Trustee**
- In case of **Association of Persons**: Details of Members of Managing Committee (personal details of all members but photos of only ten members including that of Chairman is to be submitted)
- In case of Local Authority: Details of CEO or equivalent
- In case of Statutory Body: Details of CEO or equivalent
- In case of others: Details of person responsible for day to day affairs of the business

	First Name	Middle Name	Surname
Name of Person			
Name of Father / Husband			
Designation		Date of Birth	
		DD	MM YYYY
PAN			
Passport No (in case of foreigners)			
UID No			
DIN No. (if any)			

Mobile Number										
E-mail address						Gender	M	<input type="radio"/>	F	<input type="radio"/>
Telephone No						FAX No				

Residential Address			
Building No/Flat No/Door No		Floor No	
Name of the Premises/Building		Road/Street/Lane	
Locality/Area/Village		District/Town/City	
PIN Code		State	

Details 2...n (Multiple fields will be available to capture the details of other persons)

#### 18 Details of Authorized Signatory

Number of Authorized Signatory

Details of Signatory No. 1

	First Name	Middle Name	Surname
Name of Person			
Name of Father / Husband			
Designation		Date of Birth	
		DD	MM YYYY
PAN			

UID No																
DIN No. (if any)																
Mobile Number																
E-mail address											Gender	M	<input type="radio"/>	F	<input type="radio"/>	
Telephone No											FAX No					
<b>Residential Address</b>																
<b>Building No/Flat No/Door No</b>								<b>Floor No</b>								
<b>Name of the Premises/Building</b>								<b>Road/Street/Lane</b>								
<b>Locality/Area/Village</b>								<b>District/Town/City</b>								
<b>PIN Code</b>								<b>State</b>								

Details 2....n (Multiple field will be available to capture the details of other authorized persons)

**19 Details of Authorized Representative (TRP / CA / Advocate etc.)**

	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>														
Name of Person																	
Status	<b>TRP / CA / Advocate etc.</b>																
Mobile Number																	
E-mail address																	
Telephone No												FAX No					

**20 State Specific**

- Information a.*
- Field 1*
- b. Field*
- 2 c. ....*
- d. ....*
- e. Field n*

**21 Document Upload**

*A customized list of documents required to be uploaded (as detailed in para 6.3 of the process document) as per the field values in the form should be auto-populated with provision to upload relevant document against each entry in the list.*

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*Verification*

*I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom*

Place .....  
Date .....

Name of Authorized Signatory .....  
Designation .....

