

**ANNEXURE: Form GST -**

*[See Rule \_]*

Application for Registration under Goods and Services Tax Act, Year

<b>1</b>	<b>Legal Name of Business*</b>	
<b>1A</b>	<b>Trade Name (optional)</b>	

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

**In case of Proprietorship\***

<b>3</b>	<b>Name of Proprietor</b>												
<b>4</b>	<b>PAN of the proprietor</b>												

**In case of other Businesses\***

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

4. Due to crossing the Threshold
5. Due to inter-State supply
6. Due to liability to pay as recipient of services
7. Due to being Input Service Distributor (ISD)
8. UN bodies for allotment of Unique Identification Number (ID)
9. Due to transfer of Business which includes change in the ownership of business (if transferee is not a registered entity)
10. Due to death of the Proprietor (if the successor is not a registered entity)
11. Due to de-merger
12. Due to change in constitution of business
13. Due to Merger /Amalgamation of two or more registered taxpayers
14. Being casual Dealer
15. Being Non resident Dealer
16. 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													
<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>Latitude (optional)</b>								<b>Longitude (optional)</b>					
<b>PIN Code</b>													
CONTACT DETAILS													
<b>Telephone number</b>										<b>Fax Number</b>			
<b>Mobile Number</b>													

<b>Email Address</b>																					
<b>Nature of possession of premises</b>																					
<b>Owned</b>	<input type="checkbox"/>	<b>Leased</b>	<input type="checkbox"/>	<b>Rented</b>	<input type="checkbox"/>	<b>Consent</b>	<input type="checkbox"/>	<b>Shared</b>	<input type="checkbox"/>												

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

**13. Details of Bank Accounts (s)**

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

18.

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

19.

**20. Details of Bank Account 2**

21.

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.No.	Description of Goods	HSN Code (4 digit code)	
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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<b>Premises 1</b>									
<b>Details of Additional Place of Business</b>									
<b>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>CONTACT DETAILS</b>									
<b>Telephone number</b>						<b>Fax Number</b>			
<b>Mobile Number</b>									
<b>Email Address</b>									
<b>Nature of possession of premises</b>									
<b>Owned</b>	<input type="checkbox"/>	<b>Lease d</b>	<input type="checkbox"/>	<b>Rente d</b>	<input type="checkbox"/>	<b>Consent</b>	<input type="checkbox"/>	<b>Share d</b>	<input type="checkbox"/>
<b>Please Tick the Nature of Business Activity being carried out at above mentioned Premises</b>									
Factory / Manufacturing	<input type="checkbox"/>	Wholesale Business	<input type="checkbox"/>	Retail Business	<input type="checkbox"/>				
Warehouse/Deport	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Service Provision	<input type="checkbox"/>				
Office/Sale Office	<input type="checkbox"/>	Leasing Business	<input type="checkbox"/>	Service Recipient	<input type="checkbox"/>				
EOU/ STP/ EHTP	<input type="checkbox"/>	SEZ	<input type="checkbox"/>	Input Service Distributor (ISD)	<input type="checkbox"/>				
Works Contract	<input type="checkbox"/>								

**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

- 22. In case of **Proprietorship**: Details of Owner/Proprietor
- 23. 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)
- 24. In case of **Companies** registered under Companies Act: **Managing Director and whole time directors**
- 25. In case of **HUF**: Details of **Karta of HUF**
- 26. In case of **Trust**: Details of **Managing Trustee**
- 27. 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)
- 28. In case of Local Authority: Details of CEO or equivalent
- 29. In case of Statutory Body: Details of CEO or equivalent
- 30. 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="checkbox"/>	F	<input type="checkbox"/>					
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 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="checkbox"/> F <input type="checkbox"/>
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.)

	First Name	Middle Name	Surname
Name of Person			
Status	<b>TRP / CA / Advocate etc.</b>		

Mobile Number															
E-mail address															
Telephone No											FAX No				

**20 State Specific Information**

- 31. Field 1**
- 32. Field 2**
- 33. ....**
- 34. ....**
- 35. 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.*

**36. 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 ..... Name of Authorized Signatory  
 .....  
 Date ..... Designation  
 .....