
GOODS AND SERVICES TAX RULES, 2017

ACCOUNTS AND RECORDS FORMAT

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Form GST ENR-01

[See Rule -----]

Application for Enrolment u/s 35 (2)

[only for un-registered persons]

1.	(a) Legal name			
	(b) Trade Name, if any			
	(c) PAN			
	(d) Aadhaar (applicable in case of proprietorship concerns only)			
2.	Type of enrolment			
	Transporter	Godown owner /operator	Warehouse owner /operator	
	Cold storage owner /operator			
3.	Constitution of Business (Please Select the Appropriate)			
	(i) Proprietorship	☐	(ii) Partnership	☐
	(iii) Hindu Undivided Family	☐	(iv) Private Limited Company	☐
	(v) Public Limited Company	☐	(vi) Society/Club/Trust/Association of Persons	☐
	(vii) Government Department	☐	(viii) Public Sector Undertaking	☐
	(ix) Unlimited Company	☐	(x) Limited Liability Partnership	☐
	(xi) Local Authority	☐	(xii) Statutory Body	☐
	(xiii) Foreign Limited Liability Partnership	☐	(xiv) Foreign Company Registered (in India)	☐
	(xv) Others (Please specify)	☐		☐
4.	Name of the State		District	
5.	Jurisdiction detail			
	Centre		State	
6.	Date of commencement of business			
7.	Particulars of Principal Place of Business			
(a)	Address			
	Building No./Flat No.		Floor No.	
	Name of the Premises/Building		Road/Street	
	City/Town/Locality/Village		District	
	Taluka/Block			
	State		PIN Code	

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Latitude		Longitude	
(b)	Contact Information		
Office Email Address		Office Telephone number	STD
Mobile Number		Office Fax Number	STD
(c)	Nature of premises		
Own	Leased	Rented	Consent
			Shared
			Others (specify)
(d)	Nature of business activity being carried out at above mentioned premises (Please tick applicable)		
Warehouse/Depot	☐	Godown	☐
			Retail Business
Office/ Sale Office	☐	Cold Storage	☐
			Transport services
Others (Specify)	☐		
8.	Details of additional place of business	Add for additional place(s) of business, if any (Fill up the same information as in item 7 [(a), (b), (c) & (d)])	
9.	Details of Bank Accounts (s)		

Total number of Bank Accounts maintained by the applicant for conducting business <i>(Upto 10 Bank Accounts to be reported)</i>	
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Details of Bank Account 1

Account Number			
Type of Account		IFSC	
Bank Name			
Branch Address	To be auto-populated (Edit mode)		

Note – Add more accounts -----

10.	Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.
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Particulars	First Name	Middle Name	Last Name
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>

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Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
PAN		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	
Residential Address			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
City/Town/Locality/Village		District	
Block/Taluka			
State		PIN Code	
Country (in case of foreigner only)		ZIP code	

11.	Details of Authorized Signatory
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Particulars	First Name	Middle Name	Last Name
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
PAN		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	

Residential Address in India			
Building No/Flat No		Floor No	

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Name of the Premises/Building		Road/Street				
Block/Taluka						
City/Town/Locality/Village		District				
State		PIN Code				

12.	Consent
<p><i>I on behalf of the holder of Aadhaar number <pre-filled based on Aadhaar number provided in the form> give consent to “Goods and Services Tax Network” to obtain my details from UIDAI for the purpose of authentication. “Goods and Services Tax Network” has informed me that identity information would only be used for validating identity of the Aadhaar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.</i></p>	

13. List of documents uploaded

(Identity and address proof)

14. 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.

Signature

Place:

Name of Authorized Signatory

Date:

Designation/Status.....

For office use –

Enrolment no. -

Date -