

Form GST REG-01*[See rule 8(1)]***Application for Registration**

(Other than a non-resident taxable person, a person required to deduct tax at source under section 51 and a person required to collect tax at source under section 52 and a person supplying online information and database access or retrieval services from a place outside India to a non-taxable online recipient referred to in section 14 of the Integrated Goods and Services Tax Act, 2017)

Part –A

State /UT – ▾ District - ▾

| | | |
|-------|--|--|
| (i) | Legal Name of the Business: (As mentioned in Permanent Account Number) | |
| (ii) | Permanent Account Number : (Enter Permanent Account Number of the Business; Permanent Account Number of Individual in case of Proprietorship concern) | |
| (iii) | Email Address : | |
| (iv) | Mobile Number : | |

Note - Information submitted above is subject to online verification before proceeding to fill up Part-B.

Authorised signatory filing the application shall provide his mobile number and email address.

Part –B

| | | | |
|--|--|--|--------------------------|
| 1. | Trade Name, if any | | |
| 2. | Constitution of Business (Please Select the Appropriate) | | |
| (i) Proprietorship | <input type="checkbox"/> | (ii) Partnership | <input type="checkbox"/> |
| (iii) Hindu Undivided Family | <input type="checkbox"/> | (iv) Private Limited Company | <input type="checkbox"/> |
| (v) Public Limited Company | <input type="checkbox"/> | (vi) Society/Club/Trust/Association of Persons | <input type="checkbox"/> |
| (vii) Government Department | <input type="checkbox"/> | (viii) Public Sector Undertaking | <input type="checkbox"/> |
| (ix) Unlimited Company | <input type="checkbox"/> | (x) Limited Liability Partnership | <input type="checkbox"/> |
| (xi) Local Authority | <input type="checkbox"/> | (xii) Statutory Body | <input type="checkbox"/> |
| (xiii) Foreign Limited Liability Partnership | <input type="checkbox"/> | (xiv) Foreign Company Registered (in India) | <input type="checkbox"/> |
| (xv) Others (Please specify) | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3. | Name of the State | ▲ | District |
| 4. | Jurisdiction | State | Centre |
| | | Sector, Circle, Ward, Unit, etc. others (specify) | |

| | | | |
|--|---|------------------------------|-----------------------------|
| 5. | Option for Composition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Composition Declaration <input type="checkbox"/> I hereby declare that the aforesaid business shall abide by the conditions and restrictions specified in the Act or the rules for opting to pay tax under the composition scheme. | | |
| 6.1 Category of Registered Person < tick in check box> | | | |
| (i) | Manufacturers, other than manufacturers of such goods as may be notified by the Government for which option is not available | | |
| (ii) | Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II | | |
| (iii) | Any other supplier eligible for composition levy. | | |
| 7. | Date of commencement of business | DD/MM/YYYY | |
| 8. | Date on which liability to register arises | DD/MM/YYYY | |
| 9. | Are you applying for registration as a casual taxable person? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | If selected 'Yes' in Sr. No. 9, period for which registration is required | From DD/MM/YYYY | To DD/MM/YYYY |
| 11. | If selected 'Yes' in Sr. No. 9, estimated supplies and estimated net tax liability during the period of registration | | |
| Sr. No. | Type of Tax | Turnover (Rs.) | Net Tax Liability (Rs.) |
| (i) | Integrated Tax | | |
| (ii) | Central Tax | | |
| (iii) | State Tax | | |
| (iv) | UT Tax | | |
| (v) | Cess | | |
| | Total | | |
| | Payment Details | | |
| | Challan Identification Number | Date | Amount |
| 12. | Are you applying for registration as a SEZ Unit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (i) Select name of SEZ | | ▽ |
| | (ii) Approval order number and date of order | | |
| | (iii) Designation of approving authority | | |
| 13. | Are you applying for registration as a SEZ Developer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|---|---|---|---|
| | (i) Select name of SEZ Developer | | ▽ |
| | (ii) Approval order number and date of order | | |
| | (iii) Designation of approving authority | | |
| 14. | Reason to obtain registration: | | |
| | (i) Crossing the threshold | (viii) Merger /amalgamation of two or more registered persons | |
| | (ii) Inter-State supply | (ix) Input Service Distributor | |
| | (iii) Liability to pay tax as recipient of goods or services u/s 9(3) or 9(4) | (x) Person liable to pay tax u/s 9(5) | |
| | (iv) Transfer of business which includes change in the ownership of business (if transferee is not a registered entity) | (xi) Taxable person supplying through e-Commerce portal | |
| | (v) Death of the proprietor (if the successor is not a registered entity) | (xii) Voluntary Basis | |
| | (vi) De-merger | (xiii) Persons supplying goods and/or services on behalf of other taxable person(s) | |
| | (vii) Change in constitution of business | (xiv) Others (Not covered above) – Specify | |
| 15. | Indicate existing registrations wherever applicable | | |
| Registration number under Value Added Tax | | | |
| Central Sales Tax Registration Number | | | |
| Entry Tax Registration Number | | | |
| Entertainment Tax Registration Number | | | |
| Hotel and Luxury Tax Registration Number | | | |
| Central Excise Registration Number | | | |
| Service Tax Registration Number | | | |
| Corporate Identify Number/Foreign Company Registration Number | | | |
| Limited Liability Partnership Identification Number/Foreign Limited Liability Partnership Identification Number | | | |
| Importer/Exporter Code Number | | | |
| Registration number under Medicinal and Toilet Preparations (Excise Duties) Act | | | |
| Registration number under Shops and Establishment Act | | | |
| Temporary ID, if any | | | |
| Others (Please specify) | | | |
| 16. | (a) Address of Principal Place of Business | | |
| Building No./Flat No. | | Floor No. | |

| | | | |
|--|--------------------------|-------------------------|--------------------------|
| Name of the Premises/Building | | Road/Street | |
| City/Town/Locality/Village | | District | |
| Taluka/Block | | | |
| State | | PIN Code | |
| 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 | Others (specify) |
| (d) Nature of business activity being carried out at above mentioned premises (Please tick applicable) | | | |
| Factory / Manufacturing | <input type="checkbox"/> | Wholesale Business | <input type="checkbox"/> |
| Warehouse/Depot | <input type="checkbox"/> | Bonded Warehouse | <input type="checkbox"/> |
| Office/Sale Office | <input type="checkbox"/> | Leasing Business | <input type="checkbox"/> |
| EOU/ STP/ EHTP | <input type="checkbox"/> | Works Contract | <input type="checkbox"/> |
| Import | <input type="checkbox"/> | Others (Specify) | <input type="checkbox"/> |

17. Details of Bank Accounts (s)

| | |
|---|--|
| Total number of Bank Accounts maintained by the applicant for conducting business (Upto 10 Bank Accounts to be reported) | |
|---|--|

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 -----

18. Details of the Goods supplied by the Business

| | | |
|----------------------------|----------------------|-----------------------|
| Please specify top 5 Goods | | |
| Sr. No. | Description of Goods | HSN Code (Four digit) |
| (i) | | |
| (ii) | | |

| | | |
|-----|--|--|
| ... | | |
| (v) | | |

19. Details of Services supplied by the Business.

| Please specify top 5 Services | | |
|-------------------------------|-------------------------|-----------------------|
| Sr. No. | Description of Services | HSN Code (Four digit) |
| (i) | | |
| (ii) | | |
| ... | | |
| (v) | | |

20. Details of Additional Place(s) of Business

| | |
|-----------------------------|--|
| Number of additional places | |
|-----------------------------|--|

Premises 1

(a) Details of Additional Place of Business

| | | | | | | | | | | | | |
|--|--------------------------|--------------------|--------------------------|--------------------------------|--|--|--|--|--|--|--|--|
| Building No/Flat No | | | Floor No | | | | | | | | | |
| Name of the Premises/Building | | | Road/Street | | | | | | | | | |
| City/Town/Locality/Village | | | District | | | | | | | | | |
| Block/Taluka | | | | | | | | | | | | |
| State | | | PIN Code | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | | | | |
| Latitude | | | Longitude | | | | | | | | | |
| (b) Contact Information | | | | | | | | | | | | |
| Office Email Address | | | Office Telephone number | | STD <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | | | | |
| Mobile Number | | | Office Fax Number | | STD <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | | | | |
| (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) | | | | | | | | | | | | |
| Factory / Manufacturing | <input type="checkbox"/> | Wholesale Business | <input type="checkbox"/> | Retail Business | <input type="checkbox"/> | | | | | | | |
| Warehouse/Depot | <input type="checkbox"/> | Bonded Warehouse | <input type="checkbox"/> | Supplier of services | <input type="checkbox"/> | | | | | | | |
| Office/Sale Office | <input type="checkbox"/> | Leasing Business | <input type="checkbox"/> | Recipient of goods or services | <input type="checkbox"/> | | | | | | | |
| EOU/ STP/ EHTP | <input type="checkbox"/> | Works Contract | <input type="checkbox"/> | Export | <input type="checkbox"/> | | | | | | | |

| | | | | | |
|--------|--------------------------|------------------|--------------------------|--|--|
| Import | <input type="checkbox"/> | Others (specify) | <input type="checkbox"/> | | |
|--------|--------------------------|------------------|--------------------------|--|--|

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

| 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) | |
| Permanent Account Number | | 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 | |

22. Details of Authorised Signatory

Checkbox for Primary Authorised Signatory ☐

Details of Signatory No. 1

| 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) | |
| Permanent Account Number | | 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 | | | | |
| Name of the Premises/Building | | Road/Street | | | | |
| Block/Taluka | | | | | | |
| City/Town/Locality/Village | | District | | | | |
| State | | PIN Code | | | | |

23. Details of Authorised Representative

| | | | | | | | | | | | |
|---|------------|--|--|------------------|--|--|-----------|--|--|--|--|
| Enrolment ID, if available | | | | | | | | | | | |
| Provide following details, if enrolment ID is not available | | | | | | | | | | | |
| Permanent Account Number | | | | | | | | | | | |
| Aadhaar, if Permanent Account Number is not available | | | | | | | | | | | |
| | First Name | | | Middle Name | | | Last Name | | | | |
| Name of Person | | | | | | | | | | | |
| Designation / Status | | | | | | | | | | | |
| Mobile Number | | | | | | | | | | | |
| Email address | | | | | | | | | | | |
| Telephone No. with STD | | | | FAX No. with STD | | | | | | | |

24. State Specific Information

Profession Tax Enrolment Code (EC) No.

Profession Tax Registration Certificate (RC) No.

State Excise License No. and the name of the person in whose name Excise License is held

(a) Field 1

(b) Field 2

(c)

(d)

(e) Field n

25. Document Upload

A customized list of documents required to be uploaded (refer rule 8) as per the field values in the form.

26. Consent

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.

27. Verification (by authorised signatory)

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 Authorised Signatory

Date:

Designation/Status.....

List of documents to be uploaded:-

| | |
|----|---|
| 1. | <p>Photographs (wherever specified in the Application Form)</p> <p>(a) Proprietary Concern – Proprietor</p> <p>(b) Partnership Firm / Limited Liability Partnership – Managing/Authorised/Designated Partners (personal details of all partners are to be submitted but photos of only ten partners including that of Managing Partner are to be submitted)</p> <p>(c) Hindu Undivided Family – Karta</p> <p>(d) Company – Managing Director or the Authorised Person</p> <p>(e) Trust – Managing Trustee</p> <p>(f) Association of Persons or Body of Individuals –Members of Managing Committee (personal details of all members are to be submitted but photos of only ten members including that of Chairman are to be submitted)</p> <p>(g) Local Authority – Chief Executive Officer or his equivalent</p> <p>(h) Statutory Body – Chief Executive Officer or his equivalent</p> <p>(i) Others – Person in Charge</p> |
| 2. | <p>Constitution of Business: Partnership Deed in case of Partnership Firm, Registration Certificate/Proof of Constitution in case of Society, Trust, Club, Government Department, Association of Persons or Body of Individuals, Local Authority, Statutory Body and Others etc.</p> |
| 3. | <p>Proof of Principal Place of Business:</p> <p>(a) For Own premises – Any document in support of the ownership of the premises like latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</p> <p>(b) For Rented or Leased premises – A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</p> <p>(c) For premises not covered in (a) and (b) above – A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.</p> <p>(d) For rented/leased premises where the Rent/lease agreement is not available, an affidavit to that effect along with any document in support of the possession of the premises like copy of Electricity Bill.</p> <p>(e) If the principal place of business is located in a Special Economic Zone or the applicant is an Special Economic Zone developer, necessary documents/certificates issued by Government of India are required to be uploaded.</p> |
| 4 | <p>Bank Account Related Proof:</p> <p>Scanned copy of the first page of Bank passbook or the relevant page of Bank Statement or Scanned copy of a cancelled cheque containing name of the Proprietor or Business entity, Bank Account No., MICR, IFSC and Branch details including code.</p> |
| 5 | <p>Authorisation Form:-</p> <p>For each Authorised Signatory mentioned in the application form, Authorisation or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format:</p> <p>Declaration for Authorised Signatory (Separate for each signatory) (Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees</p> |

etc.)

I/We --- (name) being (Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.) of (name of registered person)

hereby solemnly affirm and declare that <<name of the authorised signatory, (status/designation)>> is hereby authorised, vide resolution no... dated..... (copy submitted herewith), to act as an authorised signatory for the business << Goods and Services Tax Identification Number - Name of the Business>> for which application for registration is being filed under the Act. All his actions in relation to this business will be binding on me/ us.

Signature of the person competent to sign

Name:

Designation/Status:

(Name of the proprietor/Business Entity)

Acceptance as an authorised signatory

I <<(Name of the authorised signatory)>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.

Signatory Place:

Signature of Authorised
(Name)

Date:

Designation/Status:

Instructions for submission of Application for Registration.

1. Enter name of person as recorded on Permanent Account Number of the Business. In case of Proprietorship concern, enter name of proprietor against Legal Name and mention Permanent Account Number of the proprietor. Permanent Account Number shall be verified with Income Tax database.
2. Provide E-mail Id and Mobile Number of authorised signatory for verification and future communication which will be verified through One Time Passwords to be sent separately, before filling up Part-B of the application.
3. Applicant need to upload scanned copy of the declaration signed by the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. in case the business declares a person as Authorised Signatory.
4. The following persons can digitally sign the application for new registration:-

| Constitution of Business | Person who can digitally sign the application |
|---------------------------------------|---|
| Proprietorship | Proprietor |
| Partnership | Managing / Authorised Partners |
| Hindu Undivided Family | Karta |
| Private Limited Company | Managing / Whole-time Directors |
| Public Limited Company | Managing / Whole-time Directors |
| Society/ Club/ Trust/ AOP | Members of Managing Committee |
| Government Department | Person In charge |
| Public Sector Undertaking | Managing / Whole-time Director |
| Unlimited Company | Managing/ Whole-time Director |
| Limited Liability Partnership | Designated Partners |
| Local Authority | Chief Executive Officer or Equivalent |
| Statutory Body | Chief Executive Officer or Equivalent |
| Foreign Company | Authorised Person in India |
| Foreign Limited Liability Partnership | Authorised Person in India |
| Others (specify) | Person In charge |

5. Information in respect of authorised representative is optional. Please select your authorised representative from the list available on the common portal if the authorised representative is enrolled, otherwise provide details of such person.
6. State specific information are relevant for the concerned State only.
7. Application filed by undermentioned persons shall be signed digitally:-

| Sr. No | Type of Applicant | Type of Signature required |
|--------|-------------------|----------------------------|
|--------|-------------------|----------------------------|

| Sr. No | Type of Applicant | Type of Signature required |
|--------|--|--|
| 1. | Private Limited Company Public Limited Company Public Sector Undertaking Unlimited Company Limited Liability Partnership Foreign Company Foreign Limited Liability Partnership | Digital Signature Certificate (DSC)- Class-2 and above. |
| 2. | Other than above | Digital Signature Certificate class 2 and above e-Signature or any other mode as may be notified |

8. All information related to Permanent Account Number, Aadhaar, Director Identification Number, Challan Identification Number shall be validated online by the system and Acknowledgment Receipt Number will be generated after successful validation of all the filled up information.

9. Status of the application filed online can be tracked on the common portal by entering Application Reference Number (ARN) indicated on the Acknowledgment.

10. No fee is payable for filing application for registration.

11. Authorised signatory shall not be a minor.

12. Any person having multiple business verticals within a State, requiring a separate registration for any of its business verticals shall need to apply separately in respect of each of the vertical.

13. After approval of application, registration certificate shall be made available on the common portal.

14. Temporary Reference Number (TRN) will be allotted after successfully furnishing preliminary details in PART –A of the application which can be used for filling up details in PART-B of the application. TRN will be available on the common portal for a period of 15 days.

15. Any person who applies for registration under rule 8 may give an option to pay tax under section 10 in Part B of FORM GST REG-01, which shall be considered as an intimation to pay tax under the said section.

Form GST REG-02

[See rule 8(5)]

Acknowledgment

Application Reference Number (ARN) -

You have filed the application successfully and the particulars of the application are given as under:

Date of filing :

Time of filing :

Goods and Services Tax Identification Number, if available :

Legal Name :

Trade Name (if applicable):

Form No. :

Form Description :

Center Jurisdiction :

State Jurisdiction :

Filed by :

Temporary reference number (TRN), if any:

Payment details* : Challan Identification Number

: Date

: Amount

It is a system generated acknowledgement and does not require any signature.

** Applicable only in case of Casual taxable person and Non Resident taxable person*

Form GST REG-03

[See rule 9(2)]

Reference Number:

Date—

To

Name of the Applicant:

Address:

GSTIN (if available):

Application Reference No. (ARN):

Date:

**Notice for Seeking Additional Information / Clarification / Documents
relating to Application for <<Registration/Amendment/Cancellation >>**

This is with reference to your <<registration/amendment/cancellation>> application filed vide ARN < > Dated –DD/MM/YYYY The Department has examined your application and is not satisfied with it for the following reasons:

1.

2.

3.

...

☐ You are directed to submit your reply by (DD/MM/YYYY)

☐ *You are hereby directed to appear before the undersigned on (DD/MM/YYYY) at (HH:MM)

If no response is received by the stipulated date, your application is liable for rejection. Please note that no further notice / reminder will be issued in this matter

Signature

Name of the Proper Officer:

Designation:

Jurisdiction:

** Not applicable for New Registration Application*

Form GST REG-04*[See rule 9(2)]***Clarification/additional information/document
for <<Registration/Amendment/Cancellation>>**

| | | | | | |
|-----|---|---------------|--|---|--|
| 1. | Notice details | Reference No. | | Date | |
| 2. | Application details | Reference No | | Date | |
| 3. | GSTIN, if applicable | | | | |
| 4. | Name of Business (Legal) | | | | |
| 5. | Trade name, if any | | | | |
| 6. | Address | | | | |
| 7. | Whether any modification in the application for registration or fields is required.- | | | Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick one) | |
| 8. | Additional Information | | | | |
| 9. | List of Documents uploaded | | | | |
| 10. | <p>Verification</p> <p>I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.</p> <p style="text-align: right;">Signature of Authorised Signatory</p> <p style="text-align: right;">Name</p> <p style="text-align: right;">Designation/Status:</p> <p>Place:</p> <p>Date:</p> | | | | |

Note:-

1. For new registration, *original registration application will be available in editable mode if option 'Yes' is selected in item 7.*

2. *For amendment of registration particulars, the fields intended to be amended will be available in editable mode if option 'Yes' is selected in item 7.*

Form GST REG-05

[See rule 9(4)]

Reference Number:

Date—

To
Name of the Applicant
Address -
GSTIN (if available)

**Order of Rejection of Application for <Registration / Amendment / Cancellation/
>**

This has reference to your reply filed vide ARN --- dated----. The reply has been examined and the same has not been found to be satisfactory for the following reasons:

- 1.
- 2.
- 3.

...Therefore, your application is rejected in accordance with the provisions of the Act.

Or

You have not replied to the notice issued vide reference no. dated within the time specified therein. Therefore, your application is hereby rejected in accordance with the provisions of the Act.

Signature
Name
Designation
Jurisdiction



Government of India
Form GST REG-06
[See rule 10(1)]

Registration Certificate

Registration Number: <GSTIN/ UIN >

| | | | | | |
|--|--|-------------|------------|----|------------|
| 1. | Legal Name | | | | |
| 2. | Trade Name, if any | | | | |
| 3. | Constitution of Business | | | | |
| 4. | Address of Principal Place of Business | | | | |
| 5. | Date of Liability | DD/MM/ YYYY | | | |
| 6. | Period of Validity <i>(Applicable only in case of Non-Resident taxable person or Casual taxable person)</i> | From | DD/MM/YYYY | To | DD/MM/YYYY |
| 7. | Type of Registration | | | | |
| 8. | Particulars of Approving Authority | | | | |
| Centre | | | State | | |
| <i>Signature</i> | | | | | |
| Name | | | | | |
| Designation | | | | | |
| Office | | | | | |
| 9. Date of issue of Certificate | | | | | |
| Note: The registration certificate is required to be prominently displayed at all places of business in the State. | | | | | |



Goods and Services Tax Identification Number

Details of Additional Places of Business

Legal Name

Trade Name, if any

Total Number of Additional Places of Business in the State

Sr. No. Address

1

2

3

...

Annexure B

Goods and Services Tax Identification Number

Legal Name

Trade Name, if any

Details of <Proprietor / Partners / Karta / Managing Director and whole-time Directors / Members of the Managing Committee of Association of Persons / Board of Trustees etc.>

| | | |
|----|------------------|---|
| 1. | <div>Photo</div> | Name Designation/Status Resident of State |
| 2. | <div>Photo</div> | Name Designation/Status Resident of State |
| 3. | <div>Photo</div> | Name Designation/Status Resident of State |
| 4. | <div>Photo</div> | Name Designation/Status Resident of State |
| 5. | <div>Photo</div> | Name Designation/Status Resident of State |
| 6. | <div>Photo</div> | Name Designation/Status Resident of State |
| 7. | <div>Photo</div> | Name Designation/Status Resident of State |

| | | |
|-----|--------------|---|
| 8. | <i>Photo</i> | Name Designation/Status Resident of State |
| 9. | <i>Photo</i> | Name Designation/Status Resident of State |
| 10. | <i>Photo</i> | Name Designation/Status Resident of State |

Form GST REG-07

[See rule 12(1)]

Application for Registration as Tax Deductor at source (u/s 51) or Tax Collector at source (u/s 52)

State /UT–

District –

Part –A

| | | |
|-------|--|--|
| (i) | Legal Name of the Tax Deductor or Tax Collector(As mentioned in Permanent Account Number/ Tax Deduction and Collection Account Number) | |
| (ii) | Permanent Account Number (Enter Permanent Account Number of the Business; Permanent Account Number of Individual in case of Proprietorship concern) | |
| (iii) | Tax Deduction and Collection Account Number (Enter Tax Deduction and Collection Account Number, if Permanent Account Number is not available) | |
| (iv) | Email Address | |
| (v) | Mobile Number | |

Note - Information submitted above is subject to online verification before proceeding to fill up Part-B.**Part –B**

| | | | |
|--|--|--|-------------------------------------|
| 1 | Trade Name, if any | | |
| 2 | Constitution of Business (Please Select the Appropriate) | | |
| (i) Proprietorship | <input type="checkbox"/> | (ii) Partnership | <input type="checkbox"/> |
| (iii) Hindu Undivided Family | <input type="checkbox"/> | (iv) Private Limited Company | <input type="checkbox"/> |
| (v) Public Limited Company | <input type="checkbox"/> | (vi) Society/Club/Trust/Association of Persons | <input type="checkbox"/> |
| (vii) Government Department | <input type="checkbox"/> | (viii) Public Sector Undertaking | <input type="checkbox"/> |
| (ix) Unlimited Company | <input type="checkbox"/> | (x) Limited Liability Partnership | <input type="checkbox"/> |
| (xi) Local Authority | <input type="checkbox"/> | (xii) Statutory Body | <input type="checkbox"/> |
| (xiii) Foreign Limited Liability Partnership | <input type="checkbox"/> | (xiv) Foreign Company Registered (in India) | <input type="checkbox"/> |
| (xv) Others (Please specify) | <input type="checkbox"/> | | |
| 3 | Name of the State | ▲ | District |
| 4 | Jurisdiction - | State | Centre |
| | | Sector /Circle/ Ward /Charge/Unit etc. | |
| 5 | Type of registration | Tax Deductor <input type="radio"/> | Tax Collector <input type="radio"/> |
| 6. | Government (Centre / State/Union Territory) | Center <input type="radio"/> | State/UT <input type="radio"/> |
| 7. | Date of liability to deduct/collect tax | DD/MM/YYYY | |
| 8. | (a) Address of principal place of business | | |

| | | | | | | |
|-------------------------------|---|------------|--|-----------------------|--------|-----------------|
| Building No./Flat No. | | | Floor No. | | | |
| Name of the Premises/Building | | | Road/Street | | | |
| City/Town/Locality/Village | | | District | | | |
| Block/Taluka | | | | | | |
| Latitude | | | Longitude | | | |
| State | | | PIN Code | | | |
| (b) Contact Information | | | | | | |
| Office Email Address | | | Office Telephone number | | | |
| Mobile Number | | | Office Fax Number | | | |
| (c) | Nature of possession of premises | | | | | |
| | Own | Leased | Rented | Consent | Shared | Others(specify) |
| 9. | Have you obtained any other registrations under Goods and Services Tax in the same State? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 10 | If Yes, mention Goods and Services Tax Identification Number | | | | | |
| 11 | IEC (Importer Exporter Code), if applicable | | | | | |
| 12 | Details of DDO (Drawing and Disbursing Officer) / Person responsible for deducting tax/collecting tax | | | | | |
| Particulars | | | | | | |
| Name | | First Name | Middle Name | Last Name | | |
| Father's Name | | | | | | |
| Photo | | | | | | |
| 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) | | | |
| Permanent Account Number | | | 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 | | Locality/Village | |
| State | | PIN Code | |

13. Details of Authorised Signatory
 Checkbox for Primary Authorised Signatory ☐

Details of Signatory No. 1

| | | | |
|-----------------------------|------------|---|-----------------------|
| 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) | |
| Permanent Account Number | | Aadhaar Number | |
| Are you a citizen of India? | Yes / No | Passport No. (in case of foreigners) | |

| | | | | | | | | | |
|--|--|-------------|---|--|--|--|--|--|--|
| Residential Address (Within the Country) | | | | | | | | | |
| Building No/Flat No | | Floor No | | | | | | | |
| Name of the Premises/Building | | Road/Street | | | | | | | |
| City/Town/Locality/Village | | District | | | | | | | |
| State | | PIN Code | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | | |
| Block/Taluka | | | | | | | | | |

Note – Add more ...

| | |
|-----|--|
| 14. | <p>Consent</p> <p><i>I on behalf of the holder of Aadhar number <pre-filled based on Aadhar 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 Aadhar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.</i></p> |
|-----|--|

| | |
|-----|---|
| 15. | Verification |
| | <i>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</i> |
| | (Signature) |
| | Place: _____ Name of DDO/ Person responsible for deducting tax/collecting tax/Authorised Signatory |
| | Date: _____ Designation |

List of documents to be uploaded (not applicable to a department or establishment of the Central Government or State Government or Local Authority or Governmental agencies):-

Proof of Principal Place of Business:

(a) For Own premises –
Any document in support of the ownership of the premises like latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.

(b) For Rented or Leased premises –
A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.

(c) For premises not covered in (a) and (b) above –
A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.

(d) For rented/leased premises where the Rent/lease agreement is not available, an affidavit to that effect along with any document in support of the possession of the premises like copy of Electricity Bill.

(e) If the principal place of business is located in an Special Economic Zone or the applicant is an Special Economic Zone developer, necessary documents/certificates issued by Government of India are required to be uploaded.

Instructions for submission of application for registration as Tax Deductor/ Tax Collector.

1. Enter name of Tax Deductor /Tax Collector as recorded on Tax Deduction and Collection Account Number/ Permanent Account Number of the Business. Tax Deduction and Collection Account Number/Permanent Account Number shall be verified with Income Tax database.
2. Provide Email Id and Mobile Number of DDO (Drawing and Disbursing Officer) / Person responsible for deducting tax/collecting tax for verification and future communication which will be verified through One Time Passwords to be sent separately, before filling up of the application.
3. Person who is acting as DDO/ Person deducting/collecting tax can sign the application.
4. The application filed by undermentioned persons shall be signed digitally.

| Sr. No | Type of Applicant | Digital Signature required |
|--------|--|--|
| 1. | Private Limited Company Public Limited Company Public Sector Undertaking Unlimited Company Limited Liability Partnership Foreign Company Foreign Limited Liability Partnership | Digital Signature Certificate(DSC) class 2 and above |
| 2. | Other than above | Digital Signature Certificate class 2 and above, e-Signature or any other mode as specified or as may be notified. |

5. All information relating to Permanent Account Number, Aadhaar, Director Identification Number, Challan Identification Number shall be validated online by the system and Acknowledgment Receipt Number will be generated after successful validation of all the filled information.
6. Status of the application filed online can be tracked on the Common portal.
7. No fee is payable for filing application for registration.
8. Authorised shall not be a minor.

Form GST REG-08*[See rule 12(3)]*

Reference No

Date:

To

Name:

Address:

Application Reference No. (ARN) (Reply)

Date:

Order of Cancellation of Registration as Tax Deductor at source or Tax Collector at source

This has reference to the show-cause notice issued vide Reference Number dated for cancellation of registration under the Act.

☐ Whereas no reply to show cause notice has been filed; or
☐ Whereas on the day fixed for hearing you did not appear; or
☐ Whereas your reply to the notice to show cause and submissions made at the time of hearing have been examined. The undersigned is of the opinion that your registration is liable to be cancelled for the following reason(s).

1.

2.

The effective date of cancellation of registration is <<DD/MM/YYYY >>.

You are directed to pay the amounts mentioned below on or before ----- (*date*) failing which the amount will be recovered in accordance with the provisions of the Act and rules made thereunder.

(This order is also available on your dashboard).

| Head | Integrated tax | Central tax | State tax | UT Tax | Cess |
|----------|----------------|-------------|-----------|--------|------|
| Tax | | | | | |
| Interest | | | | | |
| Penalty | | | | | |
| Others | | | | | |
| Total | | | | | |

Signature
Name

Designation
Jurisdiction

Form GST REG-09*[See rule 13(1)]***Application for Registration of Non Resident Taxable Person****Part –A**

State /UT –

District -

| | | |
|---|---|--|
| (i) | Legal Name of the Non-Resident Taxable Person | |
| (ii) | Permanent Account Number of the Non-Resident Taxable person, if any | |
| (iii) | Passport number, if Permanent Account Number is not available | |
| (iv) | Tax identification number or unique number on the basis of which the entity is identified by the Government of that country | |
| (v) | Name of the Authorised Signatory (as per Permanent Account Number) | |
| (vi) | Permanent Account Number of the Authorised Signatory | |
| (vii) | Email Address of the Authorised Signatory | |
| (viii) | Mobile Number of the Authorised Signatory (+91) | |
| Note - Relevant information submitted above is subject to online verification, where practicable, before proceeding to fill up Part-B. | | |

Part -B

| | | | |
|----|---|------------------------|----------------|
| 1. | Details of Authorised Signatory (should be a resident of India) | | |
| | First Name | Middle Name | Last Name |
| | Photo | | |
| | Gender | Male / Female / Others | |
| | Designation | | |
| | Date of Birth | DD/MM/YYYY | |
| | Father's Name | | |
| | Nationality | | |
| | Aadhaar | | |
| | Address of the Authorised signatory. | | Address line 1 |
| | | | Address Line 2 |
| | | | Address line 3 |
| 2. | Period for which registration is required | From | To |
| | | DD/MM/YYYY | DD/MM/YYYY |

| | | | | | | | | | |
|--|---|--|--------------------------|--------------|-------------------------------------|-----------|--------|----------------|------|
| 3 | Turnover Details | | Estimated Turnover (Rs.) | | Estimated Tax Liability (Net) (Rs.) | | | | |
| | | | Intra- State | Inter –State | Central Tax | State Tax | UT Tax | Integrated Tax | Cess |
| | | | | | | | | | |
| 4 | Address of Non-Resident taxable person in the Country of Origin | | | | | | | | |
| | (In case of business entity - Address of the Office) | | | | | | | | |
| | Address Line 1 | | | | | | | | |
| | Address Line 2 | | | | | | | | |
| | Address Line 3 | | | | | | | | |
| | Country (Drop Down) | | | | | | | | |
| | Zip Code | | | | | | | | |
| | E mail Address | | | | | | | | |
| | Telephone Number | | | | | | | | |
| 5 | Address of Principal Place of Business in India | | | | | | | | |
| | Building No./Flat No. | | | | Floor No. | | | | |
| | Name of the Premises/Building | | | | Road/Street | | | | |
| | City/Town/Village/Locality | | | | District | | | | |
| | Block/Taluka | | | | | | | | |
| | Latitude | | | | Longitude | | | | |
| | State | | | | PIN Code | | | | |
| | Mobile Number | | | | Telephone Number | | | | |
| | E mail Address | | | | Fax Number with STD | | | | |
| 6 | Details of Bank Account in India | | | | | | | | |
| | Account Number | | | | Type of account | | | | |
| | Bank Name | | Branch Address | | | | IFSC | | |
| 7 | Documents Uploaded <i>A customized list of documents required to be uploaded (refer Instruction) as per the field values in the form</i> | | | | | | | | |
| 8 | Declaration <i>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.</i> | | | | | | | | |
| <div style="text-align: right;">Signature</div> <div style="display: flex; justify-content: space-between;"> <div>Place:</div> <div>Name of Authorised Signatory</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Date:</div> <div>Designation:</div> </div> | | | | | | | | | |

Note: Non-Resident taxable person is required to upload declaration (as per under mentioned format) along with scanned copy of the passport and photograph.

List of documents to be uploaded as evidence are as follows:-

| | |
|----|--|
| 1. | <p>Proof of Principal Place of Business:</p> <p>(a) For own premises – Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</p> <p>(b) For Rented or Leased premises – A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</p> <p>(c) For premises not covered in (a) and (b) above – A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.</p> |
| 2. | <p>Proof of Non-resident taxable person:</p> <p>Scanned copy of the passport of the Non -resident taxable person with VISA details. In case of a business entity incorporated or established outside India, the application for registration shall be submitted along with its tax identification number or unique number on the basis of which the entity is identified by the Government of that country or it's Permanent Account Number, if available.</p> |
| 3 | <p>Bank Account related proof:</p> <p>Scanned copy of the first page of Bank passbook or the relevant page of Bank Statement or Scanned copy of a cancelled cheque containing name of the Proprietor or Business entity, Bank Account No., MICR, IFSC and Branch details including code.</p> |
| 4 | <p>Authorisation Form:-</p> <p>For each Authorised Signatory mentioned in the application form, Authorisation or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format:Declaration for Authorised Signatory (Separate for each signatory) (Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.)I/We --- (name) being (Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.) of (name of registered person) hereby solemnly affirm and declare that <<name of the authorised signatory, (status/designation)>> is hereby authorised, vide resolution no... dated..... (Copy submitted herewith), to act as an authorised signatory for the business << Goods and Services Tax Identification Number - Name of the Business>> for which application for registration is being filed under the Act. All his actions in relation to this business will be binding on me/ us. Signature of the person competent to sign</p> <p style="text-align: right;">Name:</p> <p style="text-align: right;">Designation/Status:</p> <p style="text-align: right;">(Name of the proprietor/Business Entity)</p> <p>Acceptance as an authorised signatory Acceptance as an authorised signatory</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>I <<(Name of the authorised signatory)>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.</p> <p style="text-align: right;">Signature of Authorised Signatory</p> <p>Place:</p> <p>Date:</p> <p style="text-align: right;">Designation/Status:</p> </div> |

Instructions for submission of application for registration as Non-Resident Taxable Person.

1. Enter Name of the applicant Non-Resident taxable person as recorded on Passport.
2. The applicant shall apply at least **Five** days prior to commencement of the business at the common portal.
3. The applicant needs to provide Email Id and Mobile Number for verification and future communication which will be verified through One Time Passwords to be sent separately, before filling up Part-B of the application.
4. The applicant needs to upload the scanned copy of the declaration signed by the Proprietor/all Partners /Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. in case the business declares a person as Authorised Signatory.
5. The application filed by the under-mentioned persons shall be signed digitally:-

| Sr. No | Type of Applicant | Digital Signature required |
|--------|--|--|
| 1. | Private Limited Company Public Limited Company Public Sector Undertaking Unlimited Company Limited Liability Partnership Foreign Company Foreign Limited Liability Partnership | Digital Signature Certificate(DSC) class 2 and above |
| 2. | Other than above | Digital Signature Certificate class 2 and above e-Signature or as may be notified |

6. All information related to Permanent Account Number, Aadhaar, shall be online validated by the system and Acknowledgment Receipt Number will be generated after successful validation of all filled up information.
7. Status of the application filed online can be tracked on the common portal.
8. No fee is payable for filing application for registration
9. Authorised signatory shall be an Indian national and shall not be a minor.

Form GST REG-10*[See rule 14(1)]*

Application for registration of person supplying online information and data base access or retrieval services from a place outside India to a person in India, other than a registered person.

Part –A

State /UT –

District -

| | | |
|---|---|--|
| (i) | Legal Name of the person | |
| (ii) | Permanent Account Number of the person, if any | |
| (iii) | Tax identification number or unique number on the basis of which the entity is identified by the Government of that country | |
| (iv) | Name of the Authorised Signatory | |
| (v) | Permanent Account Number of the Authorised Signatory | |
| (vi) | Email Address of the Authorised Signatory | |
| (vii) | Mobile Number of the Authorised Signatory (+91) | |
| Note - Relevant information submitted above is subject to online verification, where practicable, before proceeding to fill up Part-B. | | |

Part -B

| | | | |
|----------------|--|------------------------|-----------|
| 1. | Details of Authorised Signatory (shall be resident of India) | | |
| | First Name | Middle Name | Last Name |
| | Photo | | |
| | Gender | Male / Female / Others | |
| | Designation | | |
| | Date of Birth | DD/MM/YYYY | |
| | Father's Name | | |
| | Nationality | | |
| | Aadhaar, if any | | |
| | Address of the Authorised Signatory | Address line 1 | |
| | | Address line 2 | |
| Address line 3 | | | |
| 2. | Date of commencement of the online service in India. | DD/MM/YYYY | |

| | | | | | |
|---|--|--|----------------|-----------------|------|
| 3 | Uniform Resource Locators (URLs) of the website through which taxable services are provided: 1. 2. 3... | | | | |
| 4 | Jurisdiction | | Center | | |
| 5 | Details of Bank Account | | | | |
| | Account Number | | | Type of account | |
| | Bank Name | | Branch Address | | IFSC |
| 6 | Documents Uploaded <i>A customized list of documents required to be uploaded (refer Instruction) as per the field values in the form</i> | | | | |
| 7 | Declaration <i>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.</i> <i>I, _____ hereby declare that I am authorised to sign on behalf of the Registrant. I would charge and collect tax liable from the non-assesse online recipient located in taxable territory and deposit the same with Government of India.</i> <div style="text-align: right;">Signature</div> Place: _____ Name of Authorised Signatory: _____ Date: _____ Designation: _____ | | | | |

Note: Applicant will require to upload declaration (as per under mentioned format) along with scanned copy of the passport and photograph.

List of documents to be uploaded as evidence are as follows:-

| | |
|----|---|
| 1. | Proof of Place of Business in India: (a) For Own premises – Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill. (b) For Rented or Leased premises – A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill. (c) For premises not covered in (a) and (b) above – A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded. |
| 2. | Proof of : Scanned copy of the passport of the Non -resident tax payer with VISA details. In case of Company/Society/LLP/FCNR/ etc. person who is holding power of attorney with authorisation letter. Scanned copy of Certificate of Incorporation if the Company is registered outside India or in India Scanned copy of License is issued by origin country Scanned copy of Clearance certificate issued by Government of India |
| 3 | Bank Account Related Proof: Scanned copy of the first page of Bank passbook / one page of Bank Statement Opening page of the Bank Passbook held in the name of the Proprietor / Business Concern – |

| | containing the Account No., Name of the Account Holder, MICR and IFSC and Branch details. | | | | | | | | | | |
|---|--|--------------------|-----------|--------------------|-----------|----|--|--|--|---|--|
| 4 | <p>Authorisation Form:- For Authorised Signatory mentioned in the application form, Authorisation or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format:</p> <p>Declaration for Authorised Signatory (Separate for each signatory)</p> <p>I --- (Managing Director/Whole Time Director/CEO or Power of Attorney holder) hereby solemnly affirm and declare that <<name of the authorised signatory>> to act as an authorised signatory for the business << Name of the Business>> for which application for registration is being filed/ is registered under the Goods and Service Tax Act, 20__.</p> <p>All his actions in relation to this business will be binding on me/ us.</p> <p>Signatures of the persons who is in charge.</p> <table border="0"> <thead> <tr> <th>S. No.</th><th>Full Name</th><th>Designation/Status</th><th>Signature</th></tr> </thead> <tbody> <tr> <td>1.</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Acceptance as an authorised signatory</p> <table border="1"> <tr> <td> <p>I <<(Name of authorised signatory>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.</p> <p>(Name)</p> <p>Date:</p> <p>Designation/Status</p> </td><td> <p>Signature of Authorised Signatory Place</p> </td></tr> </table> | S. No. | Full Name | Designation/Status | Signature | 1. | | | | <p>I <<(Name of authorised signatory>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.</p> <p>(Name)</p> <p>Date:</p> <p>Designation/Status</p> | <p>Signature of Authorised Signatory Place</p> |
| S. No. | Full Name | Designation/Status | Signature | | | | | | | | |
| 1. | | | | | | | | | | | |
| <p>I <<(Name of authorised signatory>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.</p> <p>(Name)</p> <p>Date:</p> <p>Designation/Status</p> | <p>Signature of Authorised Signatory Place</p> | | | | | | | | | | |

Form GST REG-11*[See rule 15(1)]***Application for extension of registration period by casual / non-resident taxable person**

| | | | | | | | |
|---|---|-------------|---|------------|--------|----------------|------|
| 1. | GSTIN | | | | | | |
| 2. | Name (Legal) | | | | | | |
| 3. | Trade Name, if any | | | | | | |
| 4. | Address | | | | | | |
| 5. | Period of Validity (original) | | From | To | | | |
| | | | DD/MM/YYYY | DD/MM/YYYY | | | |
| 6. | Period for which extension is requested. | | From | To | | | |
| | | | DD/MM/YYYY | DD/MM/YYYY | | | |
| 7. | Turnover Details for the extended period (Rs.) | | Estimated Tax Liability (Net) for the extended period (Rs.) | | | | |
| | Inter- State | Intra-State | Central Tax | State Tax | UT Tax | Integrated Tax | Cess |
| | | | | | | | |
| 8. | Payment details | | | | | | |
| | Date | CIN | BRN | Amount | | | |
| | | | | | | | |
| 9. | Declaration - <i>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.</i> | | | | | | |
| <div style="text-align: right; margin-right: 100px;">Signature</div> <div style="display: flex; justify-content: space-between;"> <div>Place:</div> <div>Name of Authorised Signatory:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Date:</div> <div>Designation / Status:</div> </div> | | | | | | | |

Instructions for submission of application for extension of validity

1. The application can be filed online before the expiry of the period of validity.
2. The application can only be filed when advance payment is made.
3. After successful filing, Application Reference Number will be generated which can be used to track the status of the application.

Form GST REG-12*[See rule 16(1)]*

Reference Number -

Date:

To

(Name):

(Address):

Temporary Registration Number

Order of Grant of Temporary Registration/ Suo Moto Registration

Whereas the undersigned has sufficient reason to believe that you are liable for registration under the Act, and therefore, you are hereby registered on a temporary basis. The particulars of the business as ascertained from the business premises are given as under:

| Details of person to whom temporary registration granted | | |
|--|--|-----------------------------|
| 1. | Name and Legal Name, if applicable | |
| 2. | Gender | Male/Female/Other |
| 3. | Father's Name | |
| 4. | Date of Birth | DD/MM/YYYY |
| 5. | Address of the Person | Building No./ Flat No. |
| | | Floor No. |
| | | Name of Premises/ Building |
| | | Road/ Street |
| | | Town/City/Locality/ Village |
| | | Block / Taluka |
| | | District |
| | | State |
| | | PIN Code |
| 6. | Permanent Account Number of the person, if available | |
| 7. | Mobile No. | |
| 8. | Email Address | |
| 9. | Other ID, if any (Voter ID No./ Passport No./Driving License No./ Aadhaar No./ Other) | |
| 10. | Reasons for temporary registration | |

| | | |
|---|---|--|
| 11. | Effective date of registration / temporary ID | |
| 12. | Registration No. / Temporary ID | |
| <p>(Upload of Seizure Memo / Detention Memo / Any other supporting documents)</p> <p><<You are hereby directed to file application for proper registration within 30 days of the issue of this order>></p> <div style="display: flex; justify-content: space-between;"> <div> <p>Place</p> <p>Date:</p> <p>Note: A copy of the order will be sent to the corresponding Central/ State Jurisdictional Authority.</p> </div> <div style="text-align: right;"> <p>Signature</p> <p><< Name of the Officer>>:</p> <p>Designation/ Jurisdiction:</p> </div> </div> | | |

Form GST REG-13*[See rule 17(1)]***Application/Form for grant of Unique Identity Number to UN Bodies /
Embassies / others****State /Union Territory–****District –****PART A**

| | | |
|-------|--|--|
| (i) | Name of the Entity | |
| (ii) | Permanent Account Number of entity, if any (applicable in case of any other person notified) | |
| (iii) | Name of the Authorised Signatory | |
| (iv) | Permanent Account Number of Authorised Signatory | |
| (v) | Email Address of the Authorised Signatory | |
| (vi) | Mobile Number of the Authorised Signatory (+91) | |

PART B

| | | | | |
|----|--|--|------------------|-----------------------|
| 1. | Type of Entity (Choose one) | UN Body <input type="radio"/> Embassy <input type="radio"/> Other Person <input type="radio"/> | | |
| 2. | Country | | | |
| 3. | Notification Details | Notification No. | Date | |
| 4. | Address of the entity in State | | | |
| | Building No./Flat No. | | Floor No. | |
| | Name of the Premises/Building | | Road/Street | |
| | City/Town/Village | | District | |
| | Block/Taluka | | | |
| | Latitude | | Longitude | |
| | State | | PIN Code | |
| | Contact Information | | | |
| | Email Address | | Telephone number | |
| | Fax Number | | Mobile Number | |
| 7. | Details of Authorised Signatory, if applicable | | | |
| | 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. | | | | | | |
| | Designation /Status | | Director Identification Number (if any) | | | | |
| | Permanent Account Number | | 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 | | | | |
| | Town/City/Village | | District | | | | |
| | Block/Taluka | | | | | | |
| | State | | PIN Code | | | | |
| 8 | Bank Account Details (add more if required) | | | | | | |
| | Account Number | | Type of Account | | | | |
| | IFSC | | Bank Name | | | | |
| | Branch Address | | | | | | |
| 9. | <p>Documents Uploaded</p> <p><i>The authorised person who is in possession of the documentary evidence (<u>other than</u> UN Body/ Embassy etc.) shall upload the scanned copy of such documents including the copy of resolution / power of attorney, authorising the applicant to represent the entity.</i></p> <p>Or</p> <p><i>The proper officer who has collected the documentary evidence from the applicant (UN Body/ Embassy etc.) shall upload the scanned copy of such documents including the copy of resolution / power of attorney, authorising the applicant to represent the UN Body / Embassy etc. in India and link it along with the Unique Identity Number generated and allotted to respective UN Body/ Embassy etc.</i></p> | | | | | | |
| 11. | <p>Verification</p> <p><i>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.</i></p> | | | | | | |

Place:

(Signature)

Date:

Name of Authorised Person:

Or

(Signature)

Place:

Name of Proper Officer:

Date:

Designation:

Jurisdiction:

Instructions for submission of application for registration for UN Bodies/ Embassies/others notified by the Government.

- Every person required to obtain a unique identity number shall submit the application electronically.
- Application shall be filed through common portal or registration can be granted suo-moto by proper officer.
- The application filed on the common portal is required to be signed electronically or through any other mode as specified by the Government.
- The details of the person authorised by the concerned entity to sign the refund application or otherwise, should be filled up against the “Authorised Signatory details” in the application.

Form GST REG-14*[See rule 19(1)]***Application for Amendment in Registration Particulars****(For all types of registered persons)**

| | | | |
|---|------------|--------------------------------|------------|
| 1. GSTIN/UID | | | |
| 2. Name of Business | | | |
| 3. Type of registration | | | |
| 4. Amendment summary | | | |
| Sr. No | Field Name | Effective Date (DD/MM/YYYY) | Reasons(s) |
| | | | |
| | | | |
| | | | |
| 5. List of documents uploaded | | | |
| (a) | | | |
| (b) | | | |
| (c) | | | |
| ... | | | |
| 6. Declaration | | | |
| <i>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</i> | | | |
| Place: | | Signature | |
| Date: | | Name of Authorised Signatory | |
| | | Designation / Status: | |

Instructions for submission of application for amendment

1. Application for amendment shall be submitted online.
2. Changes relating to - Name of Business, Principal Place of Business, additional place(s) of business and details of partners or directors, karta, Managing Committee, Board of Trustees, Chief Executive Officer or equivalent, responsible for day to day affairs of the business which does not warrant cancellation of registration, are core fields which shall be approved by the Proper Officer after due verification.
3. For amendment in Non-Core fields, approval of the Proper Officer is not required.
4. Where a change in the constitution of any business results in change of the Permanent Account Number of a registered person, the said person shall be required to apply for fresh registration.
5. Any change in the mobile number or the e-mail address of authorised signatory as amended from time to time, shall be carried out only after online verification through the common portal.
6. All information related to Permanent Account Number, Aadhaar, Director Identification Number, Challan Identification Number shall be validated online by the system and Application Reference Number (ARN) will be generated after successful validation of necessary field.
7. Status of the application can be tracked on the common portal.
8. No fee is payable for submitting application for amendment.
9. Authorised signatory shall not be a minor.

Form GST REG-15
[See rule 19(1)]

Reference Number - << >>

Date – DD/MM/YYYY

To
(Name)
(Address)
Registration Number (GSTIN / UIN)

Application Reference No. (ARN)

Dated – DD/MM/YYYY

Order of Amendment

This has reference to your application number----- dated ---- regarding amendment in registration particulars. Your application has been examined and the same has been found to be in order. The amended certificate of registration is available on your dashboard for download.

Signature
Name
Designation
Jurisdiction

Date
Place

Form GST REG-16
[See rule 20]

Application for Cancellation of Registration

| | | | | | |
|-------|--|---|--|--------------|--|
| 1 | GSTIN | | | | |
| 2 | Legal name | | | | |
| 3 | Trade name, if any | | | | |
| 4 | Address of Principal Place of Business | | | | |
| 5 | Address for future correspondence (including email, mobile telephone, fax) | Building No./ Flat No. | | Floor No. | |
| | | Name of Premises/ Building | | Road/ Street | |
| | | City/Town/ Village | | District | |
| | | Block/Taluka | | | |
| | | Latitude | | Longitude | |
| | | State | | PIN Code | |
| | | Mobile (with country code) | | Telephone | |
| | | email | | Fax Number | |
| 6. | Reasons for Cancellation (Select one) | <ul style="list-style-type: none"> ○ Discontinuance /Closure of business ○ Ceased to be liable to pay tax ○ Transfer of business on account of amalgamation, merger/ demerger, sale, lease or otherwise disposed of etc. ○ Change in constitution of business leading to change in Permanent Account Number ○ Death of Sole Proprietor ○ Others (specify) | | | |
| 7. | In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, transferred, etc. | | | | |
| (i) | Goods and Services Tax Identification Number | | | | |
| (ii) | (a) Name (Legal) | | | | |
| | (b) Trade name, if any | | | | |
| (iii) | Address of Principal Place of Business | Building No./ Flat No. | | Floor No. | |
| | | Name of Premises/ Building | | Road/ Street | |
| | | City/Town/ Village | | District | |
| | | Block/Taluka | | | |

| | | Latitude | | Longitude | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------------|---|------------|----------------|----------------|-----------------|-------------|-----------|--------|----------------|------|----|--|--|--|--|--|--|----|--|--|--|--|--|--|--|-----------|--|--|--|--|--|---------|-----------------|-------------|-----------|--------|----------------|------|----|--|--|--|--|--|--|----|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--------------------------|--|--|--|--|--|--|
| | | State | | PIN Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mobile (with country code) | | Telephone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | email | | Fax Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Date from which registration is to be cancelled. | | <DD/MM/YYYY> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Particulars of last Return Filed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (i) | Tax period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ii) | Application Reference Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Amount of tax payable in respect of inputs/capital goods held in stock on the effective date of cancellation of registration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Description | Value of Stock (Rs.) | Input Tax Credit/ Tax Payable (whichever is higher) (Rs.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Central Tax | State Tax | UT Tax | Integrated Tax | Cess | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Inputs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Inputs contained in semi-finished goods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Inputs contained in finished goods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Capital Goods/Plant and machinery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | <u>Details of tax paid, if any</u> <div style="text-align: center;">Payment from Cash Ledger</div> <table border="1" style="width: 100%;"> <tr> <th>Sr. No.</th> <th>Debit Entry No.</th> <th>Central Tax</th> <th>State Tax</th> <th>UT Tax</th> <th>Integrated Tax</th> <th>Cess</th> </tr> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sub-Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <div style="text-align: center;">Payment from ITC Ledger</div> <table border="1" style="width: 100%;"> <tr> <th>Sr. No.</th> <th>Debit Entry No.</th> <th>Central Tax</th> <th>State Tax</th> <th>UT Tax</th> <th>Integrated Tax</th> <th>Cess</th> </tr> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sub-Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Total Amount of Tax Paid</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | Sr. No. | Debit Entry No. | Central Tax | State Tax | UT Tax | Integrated Tax | Cess | 1. | | | | | | | 2. | | | | | | | | Sub-Total | | | | | | Sr. No. | Debit Entry No. | Central Tax | State Tax | UT Tax | Integrated Tax | Cess | 1. | | | | | | | 2. | | | | | | | | Sub-Total | | | | | | Total Amount of Tax Paid | | | | | | |
| Sr. No. | Debit Entry No. | Central Tax | State Tax | UT Tax | Integrated Tax | Cess | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sub-Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sr. No. | Debit Entry No. | Central Tax | State Tax | UT Tax | Integrated Tax | Cess | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sub-Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Amount of Tax Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Documents uploaded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Verification I/We <> hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Authorised Signatory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | Name of the Authorised Signatory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | Designation / Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for filing of Application for Cancellation

- A registered person seeking cancellation of his registration shall electronically submit an application including details of closing stock and liability thereon along with relevant documents, on common portal.
- The following persons shall digitally sign application for cancellation, as applicable:

| Constitution of Business | Person who can digitally sign the application |
|---------------------------------------|--|
| Proprietorship | Proprietor |
| Partnership | Managing / Authorised Partners |
| Hindu Undivided Family | Karta |
| Private Limited Company | Managing / Whole-time Directors/ Chief Executive Officer |
| Public Limited Company | Managing / Whole-time Directors/ Chief Executive Officer |
| Society/ Club/ Trust/ AOP | Members of Managing Committee |
| Government Department | Person In charge |
| Public Sector Undertaking | Managing / Whole-time Directors/ Chief Executive Officer |
| Unlimited Company | Managing / Whole-time Directors/ Chief Executive Officer |
| Limited Liability Partnership | Designated Partners |
| Local Authority | Chief Executive Officer or Equivalent |
| Statutory Body | Chief Executive Officer or Equivalent |
| Foreign Company | Authorised Person in India |
| Foreign Limited Liability Partnership | Authorised Person in India |
| Others | Person In charge |

In case of death of sole proprietor, application shall be made by the legal heir / successor manually before the concerned tax authorities. The new entity in which the applicant proposes to amalgamate itself shall register with the tax authority before submission of the application for cancellation. This application shall be made only after that the new entity is registered.

Before applying for cancellation, please file **your tax return due** for the tax period in which the effective date of surrender of registration falls.

- Status of the Application may be tracked on the common portal.
- No fee is payable for filing application for cancellation.
- After submission of application for cancellation of registration, the registered person shall make payment, if not made at the time of this application, and shall furnish final return as provided in the Act.
- The registered person may also update his contact address and update his mobile number and e mail address.

Form GST REG -17

[See rule 22(1)]

Reference No. -

<< Date >>

To
Registration Number (GSTIN/UIN)
(Name)
(Address)

Show Cause Notice for Cancellation of Registration

Whereas on the basis of information which has come to my notice, it appears that your registration is liable to be cancelled for the following reasons: -

1
2
3

....

☐ You are hereby directed to furnish a reply to this notice within seven working days from the date of service of this notice .

☐ You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM
If you fail to furnish a reply within the stipulated date or fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

Place:

Date:

Signature
< Name of the Officer>
Designation
Jurisdiction

Form GST REG- 18*[See rule 22(2)]***Reply to the Show Cause Notice issued for cancellation for registration**

| | | | | |
|----|--|--|---------------|--|
| 1. | Reference No. of Notice | | Date of issue | |
| 2. | GSTIN / UIN | | | |
| 3. | Name of business (Legal) | | | |
| 4. | Trade name, if any | | | |
| 5. | Reply to the notice | | | |
| 6. | List of documents uploaded | | | |
| 7. | <p>Verification</p> <p>I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.</p> <p style="text-align: right;">Signature of Authorised Signatory</p> <p style="text-align: right;">Name</p> <p style="text-align: right;">Designation/Status</p> <p>Place</p> <p>Date</p> | | | |

Form GST REG-19*[See rule 22(3)]*

Reference No. -

Date

To

Name

Address

GSTIN / UIN

Application Reference No. (ARN)

Date

Order for Cancellation of Registration

This has reference to your reply dated ---- in response to the notice to show cause dated -----.

☐ Whereas no reply to notice to show cause has been submitted; or
☐ Whereas on the day fixed for hearing you did not appear; or
☐ Whereas the undersigned has examined your reply and submissions made at the time of hearing, and is of the opinion that your registration is liable to be cancelled for following reason(s).

1.

2.

The effective date of cancellation of your registration is <<DD/MM/YYYY >>.

Determination of amount payable pursuant to cancellation:

Accordingly, the amount payable by you and the computation and basis thereof is as follows:

The amounts determined as being payable above are without prejudice to any amount that may be found to be payable you on submission of final return furnished by you.

You are required to pay the following amounts on or before ----- (date) failing which the amount will be recovered in accordance with the provisions of the Act and rules made thereunder.

| Head | Central Tax | State Tax | UT Tax | Integrated Tax | Cess |
|----------|-------------|-----------|--------|----------------|------|
| Tax | | | | | |
| Interest | | | | | |
| Penalty | | | | | |
| Others | | | | | |
| Total | | | | | |

Place:

Date:

Signature

< Name of the Officer>

Designation

Jurisdiction

Form GST REG-20

[See rule 22(4)]

Reference No. -

Date

To

Name

Address

GSTIN/UIN

Show Cause Notice No.

Date

Order for dropping the proceedings for cancellation of registration

This has reference to your reply dated ----- in response to the notice to show cause notice dated DD/MM/YYYY. Upon consideration of your reply and/or submissions made during hearing, the proceedings initiated for cancellation of registration stands vacated due to the following reasons:

<< text >>

Signature

< Name of the Officer>

Designation

Jurisdiction

Place:

Date:

Form GST REG-21
[See rule 23(1)]

Application for Revocation of Cancellation of Registration

| | | | | | | |
|-----|--|--|--|--------|----------------|------------|
| 1. | GSTIN (cancelled) | | | | | |
| 2. | Legal Name | | | | | |
| 3. | Trade Name, if any | | | | | |
| 4. | Address (Principal place of business) | | | | | |
| 5. | Cancellation Order No. | | | Date – | | |
| 6. | Reason for cancellation | | | | | |
| 7. | Details of last return filed | | | | | |
| | Period of Return | | Application Reference Number | | Date of filing | DD/MM/YYYY |
| 8. | Reasons for revocation of cancellation | | Reasons in brief. (Detailed reasoning can be filed as an attachment) | | | |
| 9. | Upload Documents | | | | | |
| 10. | <p>Verification</p> <p>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.</p> <p align="right">Signature of Authorised Signatory Full Name (first name, middle, surname) Designation/Status</p> <p>Place Date</p> | | | | | |

Instructions for submission of application for revocation of cancellation of registration

- A person, whose registration is cancelled by the proper officer on his own motion, may apply for revocation of cancellation of registration, within thirty days from the date of service of the order of cancellation of registration at the common portal No application for revocation shall be submitted if the registration has been cancelled for the failure to furnish returns unless such returns are furnished and any amount due as tax in terms of such returns has been paid along with any amount payable towards interest, penalty and late fee payable in respect of the said returns.
- Any change in the mobile number or the e-mail address of authorised signatory submitted as amended from time to time, shall be carried out only after online verification through the common portal in the manner provided
- Status of the application can be tracked on the common portal.
- No fee is payable for filing application for revocation of cancellation.

Form GST REG-22

[See rule 23(2)]

Reference No. -

Date

To
GSTIN / UIN
(Name of Taxpayer)
(Address)

Application Reference No. (ARN)

Date

Order for revocation of cancellation of registration

This has reference to your application dated DD/MM/YYYY for revocation of cancellation of registration. Your application has been examined and the same has been found to be in order. Accordingly, your registration is restored.

Signature
Name of Proper officer
(Designation)
Jurisdiction –

Date
Place

Form GST REG-23

[See rule 23(3)]

Reference Number :

Date

To

Name of the Applicant/ Taxpayer

Address of the Applicant/Taxpayer

GSTIN

Application Reference No. (ARN):

Dated

Show Cause Notice for rejection of application for revocation of cancellation of registration

This has reference to your application dated DD/MM/YYYY regarding revocation of cancellation of registration. Your application has been examined and the same is liable to be rejected for the following reasons:

1.

2.

3.

...

☐ You are hereby directed to furnish a reply to this notice within seven working days from the date of service of this notice.

☐ You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM.

If you fail to furnish a reply within the stipulated day or you fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

Signature

Name of the Proper Officer

Designation

Jurisdiction

Form GST REG-24*[See rule 23(3)]***Reply to the notice for rejection of application for revocation of cancellation of registration**

| | | | | |
|----|--|--|------|--|
| 1. | Reference No. of Notice | | Date | |
| 2. | Application Reference No. (ARN) | | Date | |
| 3. | GSTIN, if applicable | | | |
| 4. | Information/reasons | | | |
| 5. | List of documents filed | | | |
| 6. | <p>Verification</p> <p>I _____ 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.</p> <p style="text-align: right;">Signature of Authorised Signatory</p> <p style="text-align: right;">Name</p> <p>Place</p> <p style="text-align: right;">Designation/Status</p> <p>Date</p> | | | |



Government of India

Form GST REG-25

[See rule 24(1)]

Certificate of Provisional Registration

| | | | |
|------|---|---------------------|---------|
| 1. | Provisional ID | | |
| 2. | Permanent Account Number | | |
| 3. | Legal Name | | |
| 4. | Trade Name | | |
| 5. | Registration Details under Existing Law | | |
| | Act | Registration Number | |
| (a) | | | |
| (b) | | | |
| (c) | | | |
| Date | <Date of creation of Certificate> | Place | <State> |

This is a Certificate of Provisional Registration issued under the provisions of the Act.

Form GST REG-26*[See rule 24(2)]***Application for Enrolment of Existing Taxpayer**

| | | | |
|--|---|--------------------------------|----------------------|
| Taxpayer Details | | | |
| 1. Provisional ID | | | |
| 2. Legal Name (As per Permanent Account Number) | | | |
| 3. Legal Name (As per State/Center) | | | |
| 4. Trade Name, if any | | | |
| 5. Permanent Account Number of Business | | | |
| 6. Constitution | | | |
| 7. State | | | |
| 7A Sector, Circle, Ward, etc. as applicable | | | |
| 7B. Center Jurisdiction | | | |
| 8. Reason of liability to obtain Registration | | Registration under earlier law | |
| 9. Existing Registrations | | | |
| Sr. No. | Type of Registration | Registration Number | Date of Registration |
| 1 | TIN Under Value Added Tax | | |
| 2 | Central Sales Tax Registration Number | | |
| 3 | Entry Tax Registration Number | | |
| 4 | Entertainment Tax Registration Number | | |
| 5 | Hotel And Luxury Tax Registration Number | | |
| 6 | Central Excise Registration Number | | |
| 7 | Service Tax Registration Number | | |
| 8 | Corporate Identify Number/Foreign Company Registration | | |
| 9 | Limited Liability Partnership Identification Number/Foreign Limited Liability Partnership Identification Number | | |
| 10 | Import/Exporter Code Number | | |
| 11 | Registration Under Duty Of Excise On Medicinal And Toiletry Act | | |
| 12 | Others (Please specify) | | |

| | | | |
|---|--|--|---|
| 10. Details of Principal Place of Business | | | |
| Building No. /Flat No. | | Floor No | |
| Name of the Premises/Building | | Road/Street | |
| Locality/Village | | District | |
| State | | PIN Code | |
| Latitude | | Longitude | |
| Contact Information | | | |
| Office Email Address | | Office-Telephone Number | |
| Mobile Number | | Office Fax No | |
| 10A. Nature of Possession of Premises | (Own; Leased; Rented; Consent; Shared) | | |
| 10B. Nature of Business Activities being carried out | | | |
| Factory / Manufacturing <input type="radio"/> | Wholesale Business <input type="radio"/> | Retail Business <input type="radio"/> | Warehouse/Depot <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"/> | Others (Specify) <input type="radio"/> | | |
| 11. Details of Additional Places of Business | | | |
| Building No/Flat No | | Floor No | |
| Name of the Premises/Building | | Road/Street | |
| Locality/Village | | District | |
| State | | PIN Code | |
| Latitude (Optional) | | Longitude(Optional) | |
| Contact Information | | | |
| Office Email Address | | Office Telephone Number | |
| Mobile Number | | Office Fax No | |
| 11A.Nature of Possession of Premises | (Own; Leased; Rented; Consent; Shared) | | |
| 11B.Nature of Business Activities being carried out | | | |
| Factory / Manufacturing <input type="radio"/> | Wholesale Business <input type="radio"/> | Retail Business <input type="radio"/> | Warehouse/Depot <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"/> | Others (Specify) <input type="radio"/> | | |
| Add More ----- | | | |
| 12. Details of Goods/ Services supplied by the Business | | | |
| Sr. No. | Description of Goods | HSN Code | |
| | | | |

| | | | | | |
|--|-------------------------|--------------------------------|--------------------------------|-----------------------|----------------|
| | | | | | |
| Sr. No. | Description of Services | | | | HSN Code |
| | | | | | |
| | | | | | |
| 13. Total Bank Accounts maintained by you for conducting Business | | | | | |
| Sr. No. | Account Number | Type of Account | IFSC | Bank Name | Branch Address |
| | | | | | |
| | | | | | |
| 14. Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. | | | | | |
| Name | | <First Name> | <Middle Name> | <Last Name> | <Photo> |
| Name of Father/Husband | | <First Name> | <Middle Name> | <Last Name> | |
| Date of Birth | DD/MM/YYYY | Gender | | <Male, Female, Other> | |
| Mobile Number | | | Email Address | | |
| Telephone Number | | | | | |
| Identity Information | | | | | |
| Designation | | Director Identification Number | | | |
| Permanent Account Number | | Aadhaar Number | | | |
| Are you a citizen of India? | | <Yes/No> | Passport Number | | |
| Residential Address | | | | | |
| Building No/Flat No | | | Floor No | | |
| Name of the Premises/Building | | | Road/Street | | |
| Locality/Village | | | District | | |
| State | | | PIN Code | | |
| 15. Details of Primary Authorised Signatory | | | | | |
| Name | | <First Name> | <Middle Name> | <Last Name> | <Photo> |
| Name of Father/Husband | | <First Name> | <Middle Name> | <Last Name> | |
| Date of Birth | DD / MM / YYYY | Gender | <Male, Female, Other> | | |
| Mobile Number | | | Email Address | | |
| Telephone Number | | | | | |
| Identity Information | | | | | |
| Designation | | | Director Identification Number | | |

| | | | |
|--|----------|-----------------|--|
| Permanent Account Number | | Aadhaar Number | |
| Are you a citizen of India? | <Yes/No> | Passport Number | |
| Residential Address | | | |
| Building No/Flat No | | Floor No | |
| Name of the Premises/Building | | Road/Street | |
| Locality/Village | | District | |
| State | | PIN Code | |
| Add More --- | | | |
| List of Documents Uploaded <i>A customized list of documents required to be uploaded as per the field values in the form should be auto-populated with provision to upload relevant document against each entry in the list. (Refer instruction)</i> | | | |
| 16. Aadhaar Verification I on behalf of the holders of Aadhaar numbers provided in the form, give consent to “Goods and Services Tax Network” to obtain 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. | | | |
| 17. Declaration 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. <div style="text-align: right;">Digital Signature/E-Sign</div> | | | |
| Name of the Authorised Signatory | | Place | |
| Designation of Authorised Signatory | | Date | |

Instructions for filing of Application for enrolment

1. Every person, other than a person deducting tax at source or an Input Service Distributor, registered under an existing law and having a Permanent Account Number issued under the Income-tax Act, 1961 (Act 43 of 1961) shall enroll on the common portal by validating his e-mail address and mobile number.
2. Upon enrolment under clause (a), the said person shall be granted registration on a provisional basis and a certificate of registration in **FORM GST REG-25**, incorporating the Goods and Services Tax Identification Number therein, shall be made available to him on the common portal:
3. Authorisation Form:-

For each Authorised Signatory mentioned in the application form, Authorisation or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format:

Declaration for Authorised Signatory (Separate for each signatory)

I ---

(Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc)

1. << Name of the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc>>

2.

3.

hereby solemnly affirm and declare that <<name of the authorised signatory>> to act as an authorised signatory for the business << Goods and Services Tax Identification Number - Name of the Business>> for which application for registration is being filed/ is registered under the Central Goods and Service Tax Act, 2017.

All his actions in relation to this business will be binding on me/ us.

Signatures of the persons who are Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.

| S. No. | Full Name | Designation/Status | Signature |
|--------|-----------|--------------------|-----------|
|--------|-----------|--------------------|-----------|

1.

2.

Acceptance as an authorised signatory

I <<(Name of the authorised signatory)>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.

| | | |
|-----------|----|------------|
| Signature | of | Authorised |
| Signatory | | |

Designation/Status

Date

Place

Instructions for filing online form

- Enter your Provisional ID and password as provided by the State/Commercial Tax/Central Excise/Service Tax Department for log in on the GST Portal.
- Correct Email address and Mobile number of the Primary Authorised Signatory are to be provided. The Email address and Mobile Number would be filled as contact information of the Primary Authorised Signatory.
- E mail and Mobile number to be verified by separate One Time Passwords. Taxpayer shall change his user id and password after first login.
- Taxpayer shall require to fill the information required in the application form related details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees, Principal Place of Business and details in respect of Authorised signatories.
- Information related to additional place of business, Bank account, commodity in respect of goods and services dealt in (top five) are also required to be filled.
- Applicant need to upload scanned copy of the declaration signed by the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. in case he/she declares a person as Authorised Signatory as per Annexure specified. Documents required to be uploaded as evidence are as follows:-

| | |
|----|---|
| 1. | Photographs wherever specified in the Application Form (maximum 10) Proprietary Concern – Proprietor Partnership Firm / Limited Liability Partnership – Managing/ Authorised Partners (personal details of all partners is to be submitted but photos of only ten partners including that of Managing Partner is to be submitted) Hindu Undivided Family – Karta Company – Managing Director or the Authorised Person |
|----|---|

| | |
|----|---|
| | <p>Trust – Managing Trustee</p> <p>Association of Person or Body of Individual –Members of Managing Committee (personal details of all members is to be submitted but photos of only ten members including that of Chairman is to be submitted)</p> <p>Local Body – Chief Executive Officer or his equivalent</p> <p>Statutory Body – Chief Executive Officer or his equivalent</p> <p>Others – Person in Charge</p> |
| 2. | Constitution of business: Partnership Deed in case of Partnership Firm, Registration Certificate/Proof of Constitution in case of Society, Trust, Club, Government Department, Association of Person or Body of Individual, Local Authority, Statutory Body and Others etc. |
| 3. | <p>Proof of Principal/Additional Place of Business:</p> <p>(a) For Own premises – Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</p> <p>(b) For Rented or Leased premises – A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</p> <p>(c) For premises not covered in (a) and (b) above – A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.</p> |
| 4 | <p>Bank Account Related Proof:</p> <p>Scanned copy of the first page of Bank passbook / one page of Bank Statement</p> <p>Opening page of the Bank Passbook held in the name of the Proprietor / Business Concern – containing the Account No., Name of the Account Holder, MICR and IFSC and Branch details.</p> |
| 5 | For each Authorised Signatory: Letter of Authorisation or copy of Resolution of the Managing Committee or Board of Directors to that effect as specified. |

- After submitting information electronic signature shall be required. Following person can electronically sign application for enrolment:-

| Constitution of Business | Person who can digitally sign the application |
|---------------------------|--|
| Proprietorship | Proprietor |
| Partnership | Managing / Authorised Partners |
| Hindu Undivided Family | Karta |
| Private Limited Company | Managing / Whole-time Directors and Managing Director/Whole Time Director/ Chief Executive Officer |
| Public Limited Company | Managing / Whole-time Directors and Managing Director/Whole Time Director/ Chief Executive Officer |
| Society/ Club/ Trust/ AOP | Members of Managing Committee |
| Government Department | Person In charge |
| Public Sector Undertaking | Managing / Whole-time Director and Managing Director/Whole Time Director/ Chief Executive Officer |
| Unlimited Company | Managing/ Whole-time Director and Managing Director/Whole Time Director/ Chief Executive |

| | |
|---------------------------------------|---------------------------------------|
| | Officer |
| Limited Liability Partnership | Designated Partners |
| Local Authority | Chief Executive Officer or Equivalent |
| Statutory Body | Chief Executive Officer or Equivalent |
| Foreign Company | Authorised Person in India |
| Foreign Limited Liability Partnership | Authorised Person in India |
| Others | Person In charge |

- Application is required to be mandatorily digitally signed as per following :-

| Sl. No | Type of Applicant | Digital Signature required |
|--------|--|---|
| 1. | Private Limited Company Public Limited Company Public Sector Undertaking Unlimited Company Limited Liability Partnership Foreign Company Foreign Limited Liability Partnership | Digital Signature Certificate(DSC) Class 2 and above |
| 2. | Other than above | Digital Signature Certificate class 2 and above e-Signature |

Note :- 1. Applicant shall require to register their DSC on common portal.
2. e-Signature facility will be available on the common portal for Aadhar holders.

All information related to Permanent Account Number, Aadhaar, Director Identification Number, Challan Identification Number, Limited Liability Partnership Identification Number shall be online validated by the system and Acknowledgment Reference Number will be generated after successful validation of all the filled up information.

Status of the online filed Application can be tracked on the common portal.

1. Authorised signatory should not be minor.
2. No fee is applicable for filing application for enrolment.

Acknowledgement

Enrolment Application - Form GST- has been filed against Application Reference Number (ARN) <.....>.

Form Number : <.....-.....>

Form Description: <Application for Enrolment of Existing Taxpayers>

Date of Filing : <DD/MM/YYYY>

Taxpayer Trade Name : <Trade Name>

Taxpayer Legal Name : <Legal Name as shared by State/Center>

Provisional ID Number : <Provisional ID Number>

It is a system generated acknowledgement and does not require any signature

Form GST REG-27

[See rule – 24(3)]

Reference No.

<<Date-DD/MM/YYYY>>

To

Provisional ID

Name

Address

Application Reference Number (ARN) < >

Dated <DD/MM/YYYY>

Show Cause Notice for cancellation of provisional registration

This has reference to your application dated ----- . The application has been examined and the same has not been found to be satisfactory for the following reasons:-

1

2

...

You are hereby directed to show cause as to why the provisional registration granted to you shall not be cancelled.

Signature

Name of the Proper Officer

Designation

Jurisdiction

Date

Place

Form GST REG-28*[See rule 24(3)]*

Reference No. -

<< Date-DD/MM/YYYY>>

To

Name

Address

GSTIN / Provisional ID

Application Reference No. (ARN)

Dated – DD/MM/YYYY

Order for cancellation of provisional registration

This has reference to your reply dated ---- in response to the notice to show cause dated -----.

☐ Whereas no reply to notice to show cause has been submitted; or☐ Whereas on the day fixed for hearing you did not appear; or☐ Whereas the undersigned has examined your reply and submissions made at the time of hearing, and is of the opinion that your provisional registration is liable to be cancelled for following reason(s).

1.

2.

Determination of amount payable pursuant to cancellation of provisional registration:

Accordingly, the amount payable by you and the computation and basis thereof is as follows:

You are required to pay the following amounts on or before ----- (date) failing which the amount will be recovered in accordance with the provisions of the Act and rules made thereunder.

| Head | Central Tax | State Tax | UT Tax | Integrated Tax | Cess |
|----------|-------------|-----------|--------|----------------|------|
| Tax | | | | | |
| Interest | | | | | |
| Penalty | | | | | |
| Others | | | | | |
| Total | | | | | |

Place:

Date:

Signature
< Name of the Officer >
Designation
Jurisdiction

Form GST REG-29*[See rule 24(4)]***Application for cancellation of provisional registration
Part A**

| | | | |
|---|--|--------------------------|--|
| (i) Provisional ID | | | |
| (ii) Email ID | | | |
| (iii) Mobile Number | | | |
| Part B | | | |
| 1. Legal Name (As per Permanent Account Number) | | | |
| 2. Address for correspondence | | | |
| Building No./ Flat No. | | Floor No. | |
| Name of Premises/ Building | | Road/ Street | |
| City/Town/ Village/Locality | | District | |
| Block/Taluka | | | |
| State | | PIN | |
| 3. Reason for Cancellation | | | |
| 4. Have you issued any tax invoice during GST regime? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 5. Declaration (i) I <Name of the Proprietor/Karta/Authorised Signatory>, being <Designation> of <Legal Name ()> do hereby declare that I am not liable to registration under the provisions of the Act. | | | |
| 6. 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. | | | |
| Aadhaar Number | | Permanent Account Number | |
| Signature of Authorised Signatory | | | |
| Full Name | | | |
| Designation / Status | | | |
| Place | | | |
| Date | | DD/MM/YYYY | |

Form GST REG-30*[See rule 25]***Form for Field Visit Report**

Center Jurisdiction (Ward/Circle/Zone)

Name of the Officer:- << to be prefilled>>

Date of Submission of Report:-

Name of the taxable person

GSTIN/UIN –

Task Assigned by:- < Name of the Authority- to be prefilled>

Date and Time of Assignment of task:- < System date and time>

| Sr. No. | Particulars | Input |
|---------|--|--|
| 1. | Date of Visit | |
| 2. | Time of Visit | |
| 3. | Location details : | |
| | Latitude | Longitude |
| | North – Bounded By | South – Bounded By |
| | West – Bounded By | East – Bounded By |
| 4. | Whether address is same as mentioned in application. | Y / N |
| 5. | Particulars of the person available at the time of visit | |
| (i) | Name | |
| (ii) | Father's Name | |
| (iii) | Residential Address | |
| (iv) | Mobile Number | |
| (v) | Designation / Status | |
| (vi) | Relationship with taxable person, if applicable. | |
| 6. | Functioning status of the business | Functioning - Y / N |
| 7. | Details of the premises | |
| | Open Space Area (in sq m.) - (approx.) | |
| | Covered Space Area (in sq m.) - (approx.) | |
| | Floor on which business premises located | |
| 8. | Documents verified | Yes/No |
| 9. | Upload photograph of the place with the person who is present at the place where site verification is conducted. | |
| 10. | Comments (not more than < 1000 characters> | |
| | Place: Date: | Signature Name of the Officer: Designation: Jurisdiction: |

[F.No 349/58/2017-GST]

(Dr. Sreeparvathy S. L.)
Under Secretary to the Government of India