

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 –AState /UT District -

(i)	Legal Name of the Business: <i>(As mentioned in Permanent Account Number)</i>	
(ii)	Permanent Account Number : <i>(Enter Permanent Account Number of the Business; Permanent Account Number of Individual in case of Proprietorship concern)</i>	
(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 <input type="text"/>	District <input type="text"/>
4.	Jurisdiction	State <input type="text"/>
		Centre <input type="text"/>
		Sector, Circle, Ward, Unit, etc. others (specify)

5.	Option for Composition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Composition Declaration 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) Period of validity	From DD/MM/YYYY	To DD/MM/YYYY
	(iv) 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) Period of validity	From	DD/MM/YYYY	To	DD/MM/YYYY
	(iv) Designation of approving authority] ³
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) Taxableperson 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				

³ Substituted vide Notf no. 02/2020-CT dt 01.01.2020

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	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"/>

17. Details of Bank Accounts (s)

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

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

Note – Add more accounts -----

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	
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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" style="display: inline-table; vertical-align: middle;"><tr><td></td><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" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Mobile Number		Office Fax Number	STD <table border="1" style="display: inline-table; vertical-align: middle;"><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.....