

Form GST REG-01

[See Rule -----]

Application for Registration

(Other than a non-resident taxable person, a person supplying online information and data base 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, a person required to deduct tax at source under section 51 and a person required to collect tax at source under section 52)

Part –A

State /UT – District -

| | | |
|-------|--|--|
| (i) | Legal Name of the Business <i>(As mentioned in PAN)</i> | |
| (ii) | PAN <i>(Enter PAN of the Business; PAN 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.
Authorized 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 | Centre |
| | | Sector, Circle, Ward, Unit, etc. others (specify) | |

| | | | | | |
|---|---|-----|----------------|--------------------------|-----------------------------|
| 5. | Option for Composition | Yes | ☐ | No | ☐ |
| 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 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 | | To |
| | | | DD/MM/YYYY | | 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 | | | | |
| | CIN | | 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 (TIN) | | |
| | 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 | 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 (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 | Service Accounting Code |
| (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" 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 | |
| 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 | ☐ | Wholesale Business | ☐ | Retail Business | ☐ |
| Warehouse/Depot | ☐ | Bonded Warehouse | ☐ | Supplier of services | ☐ |
| Office/Sale Office | ☐ | Leasing Business | ☐ | Recipient of goods or services | ☐ |
| EOU/ STP/ EHTP | ☐ | Works Contract | ☐ | Export | ☐ |
| Import | ☐ | Others (specify) | ☐ | | |

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) | |
| PAN | | Aadhaar Number | |
| Are you a citizen of India? | Yes / No | Passport No. (in case of foreigners) | |
| Residential Address | | | |
| Building No/Flat No | | Floor No | |
| Name of the Premises/Building | | Road/Street | |
| City/Town/Locality/Village | | District | |
| Block/Taluka | | | |
| State | | PIN Code | |
| Country (in case of foreigner only) | | ZIP code | |

22. Details of Authorized Signatory

Checkbox for Primary Authorized 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) | |
| PAN | | Aadhaar Number | |
| Are you a citizen of India? | Yes / No | Passport No. (in case of foreigners) | |

| | | | | | | | | | | | |
|-------------------------------|--|-------------|--|--|--|--|--|--|--|--|--|
| Residential Address in India | | | | | | | | | | | |
| Building No/Flat No | | Floor No | | | | | | | | | |
| Name of the Premises/Building | | Road/Street | | | | | | | | | |
| Block/Taluka | | | | | | | | | | | |
| City/Town/Locality/Village | | District | | | | | | | | | |
| 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> | | | | | | | | |
| | | | | | | | | | | | |

23. Details of Authorized Representative

| | | | |
|---|------------|-------------|-----------|
| Enrolment ID, if available | | | |
| Provide following details, if enrolment ID is not available | | | |
| PAN | | | |
| Aadhaar, if PAN 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 /) 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 authorized 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 Authorized 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 / LLP – Managing/Authorized/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) HUF – 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 – CEO or his equivalent</p> <p>(h) Statutory Body – CEO 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) & (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 an SEZ or the applicant is an SEZ developer, necessary documents/certificates issued by Government of India are required to be uploaded.</p> |
| 4 | <p>Bank Account Related Proof: 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>Authorization Form:- For each Authorised Signatory mentioned in the application form, Authorization 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 etc.)</p> <p>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)</p> |

hereby solemnly affirm and declare that <<name of the authorized signatory, (status/designation)>> is hereby authorized, vide resolution no... dated..... (copy submitted herewith), to act as an authorized signatory for the business << GSTIN - 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 authorized signatory

I <<(Name of the authorized signatory)>> hereby solemnly accord my acceptance to act as authorized 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 PAN of the Business. In case of Proprietorship concern, enter name of proprietor against Legal Name and mention PAN of the proprietor. PAN shall be verified with Income Tax database.
2. Provide E-mail Id and Mobile Number of authorized 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 / Authorized 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 (CEO) or Equivalent |
| Statutory Body | Chief Executive Officer (CEO) or Equivalent |
| Foreign Company | Authorized Person in India |
| Foreign Limited Liability Partnership | Authorized Person in India |
| Others (specify) | Person In charge |

5. Information in respect of authorized representative is optional. Please select your authorized representative from the list available on the Common Portal if the authorized 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 PAN, Aadhaar, DIN, CIN 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 Registration.1 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.