**Form GST –TRP -1**

**[See Rule ……]**

**Application for Enrolment as Tax Return Preparer under**

**Goods and Services Tax Act, <<20…>>**

| **S. No.**  | **Particulars**  | **M/O/D** |  |
| --- | --- | --- | --- |
| 1.  | Type of Application  | M  | New Renewal |
| 2.  | Enrolling Authority  | M  | CentreAuthority StateAuthority |
| 3.  | State  | M |  |
| 4.  | Jurisdiction  | M |  |
| 5.  | Period of Enrollment  | M  | From …… To ……… |
| 6.  | **Enrolmentsought as:**  | M |  |
| 6.1  | CharteredAccountant holding COP |  |  |
| 6.2  | Company Secretary holding COP |  |  |
| 6.3  | Cost & Management Accountant holding COP |  |  |
| 6.4  | Lawyer currently licensed to practice |  |  |
| 6.5  | Retired employee of Centre / State Revenue Department |  |  |
| 6.6  | Others |  |  |
| 7.  | **ApplicantDetails** |  |  |

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| 7.1  | Name |  |  |
| --- | --- | --- | --- |
| 7.2  | Date of Birth  | M |  |
| 7.3  | Gender  | M |  |
| 7.4  | Aadhar  | O |  |
| 7.5  | PAN  | M |  |
| 7.6  | MobileNumber  | M |  |
| 7.7  | LandlineNumber  | O |  |
| 7.8  | E Mail Id  | M |  |
| 8.  | **Professional Address**  | **M** |  |
|  | Building No./ Flat No./ Door No. |  |  |
|  | Floor No. |  |  |
|  | Name of the Premises/ Building |  |  |
|  | Road/ Street Lane |  |  |
|  | Locality / Area /Village |  |  |
|  | District |  |  |
|  | State |  |  |
|  | PIN Code |  |  |
| 9.  | **QualificationDetails**  | **M** |  |
|  | QualifyingDegree |  |  |
|  | AffiliationUniversity/Institute |  |  |

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|  | Membership/EnrollmentNumber |  |  |
| --- | --- | --- | --- |
|  | Date of Enrollment/ Membership |  |  |
|  | Membership Valid up to |  |  |
|  | 10**. Verification and Declaration** I/We \_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_ 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 there form.. **Signature of Authorized Signatory** (Tax Return Preparer) E-Sign/ DSC Full Name (first name, middle, last name) Place Date |  |
|  |  |

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| **Government of…….** **Department of ……** |
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**Form GST –TRP 1 A**

| **[See Rule ……]** **Acknowledgement Receipt** |
| --- |

| **Application ReferenceNumber(ARN)** Your application has been successfully filed against <Acknowledgement ReferenceNumber> The status of the Application can be viewed through “Track Application Status” at dash board on the GST Portal. **Form No. :** **FormDescription:** **Date of Filing :** **Time of filing : Name** **of the Applicant : Center** **Jurisdiction : State** **Jurisdiction:** **Filed by : (Name of the Applicant TRP)** |
| --- |

| **Itis a system generated acknowledgement and does not require any signature.** |
| --- |