**Government of India / State Government Department of -------**

# Form GST REG-01

*[See Rule ]*

**Application for Registration under Section 19(1) of Goods and Services Tax Act, 20--**

**Part -A**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Legal Name of the Business ( As mentioned in PAN)** | | | | |  | | |
| 2A | **PAN**(Enter PAN of the Business; PAN of Individual in case of Proprietorship concern) | | | | |  | | |
| 2B | **Email Address** | | | | |  | | |
| 2C | **Mobile Number** | | | | |  | | |
| ***Note* -** *Information submitted at Sr. No. 1 to 2C above is subject to online verification before proceeding to fill up Part-B.* | | | | | | | | |
| **Part –B** | | | | | | | | |
| 3 | **Trade Name (Optional)** | | |  | | | | |
| 4 | **Constitution of Business (Please Select the Appropriate)** | | | | | | | |
| Proprietorship | | | ¢ | Partnership | | | | ¢ |
| Hindu Undivided Family | | | ¢ | Private Limited Company | | | | ¢ |
| Public Limited Company | | | ¢ | Society/Club/Trust/Association of Persons | | | | ¢ |
| Government Department | | | ¢ | Public Sector Undertaking | | | | ¢ |
| Unlimited Company | | | ¢ | Limited Liability Partnership | | | | ¢ |
| Local Authority | | | ¢ | Statutory Body | | | | ¢ |
| Foreign Limited Liability Partnership | | | ¢ | Foreign Company Registered (in India) | | | | ¢ |
| Others ( Please Specify ) | | | ¢ |  | | | | ¢ |
| 5 | | Name of the State | ⏏ | | District | | ⏏ | |
| 5A | | Sector, Circle, Ward, etc. as applicable |  | | | | | |
| 5B | | Center Jurisdiction | ⏏ | | | | | |
| 6 | | **Option For Composition** | Yes ¢ No ¢ | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6A. **Composition Declaration**  I hereby declare & verify that the likely aggregate turnover of all registered taxable persons having the PAN as specified at Sr.No.1 of Part A will remain below the limit specified for availing composition scheme during the financial year <20 - >. | | | | | | | | |
| 7 | **Date of commencement of business.** | | | | | DD/MM/YYYY | | |
| 8 | **Date on which liability to pay tax arises** | | | | | DD/MM/YYYY | | |
| 8A | **Are you applying for registration as a casual taxable person?** | | | | | Yes | No | |
| 9 | **If selected yes in 8A, estimated supplies and estimated net tax liability during the period of registration** | | | | | | | |
|  | **Type of Tax** | | **Turnover (Rs.)** | | | | | **Net Tax Liability (Rs.)** |
| (i) | Integrated Goods and Service Tax (IGST) | |  | | | | |  |
| (ii) | Central Goods and Service Tax (CGST) | |  | | | | |  |
| (iii) | State Goods and Service Tax (SGST) | |  | | | | |  |
| 9A | **If selected yes in 8A, period for which registration is required –** | | | | | | | |
|  | From | DD/MM/YYYY | | | | To | DD/MM/YYYY | |
| 10 | **Reason to obtain registration** | | | | | | | |
| 1. Due to crossing the Threshold | | | 9. Aggregator | | | | |
| 2. Due to inter-State supply | | | 10. E-Commerce operator (other than facilitator to supply goods and/or services of other suppliers) | | | | |
| 3. Due to liability to pay as recipient of services | | | 11. Taxpayer selling through e-Commerce portal | | | | |
| 4. Due to transfer of Business which includes  change in the ownership of business (if transferee is not a registered entity) | | | 12. Voluntary Basis | | | | |
| 5. Due to death of the Proprietor (if the successor is not a registered entity) | | | 13. Input Service Distributor only | | | | |
| 6. Due to de-merger | | | 14. Persons supplying goods and/or services on behalf of other registered taxable persons | | | | |
| 7. Due to change in constitution of business | | | 15. Other (Not covered above) – Specify | | | | |
|  | 8. Due to Merger /Amalgamation of two or more registered taxpayers | | |  | | | | |
| 11. | **Indicate Existing Registrations, if applicable** | | | | | | | |
| Central Excise Registration Number | | | | |  | | | |
| Service Tax Registration Number | | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State VAT Registration (TIN) | | | | | | | |  | | | | | |
| Central Sales Tax Registration Number | | | | | | | |  | | | | | |
| IEC No. (Importer Exporter Code Number ) | | | | | | | |  | | | | | |
| Corporate Identity Number (CIN/ LLPIN/ FLLPIN/ FCRN) | | | | | | | |  | | | | | |
| GSTIN | | | | | | | |  | | | | | |
| Temporary Registration ID | | | | | | | |  | | | | | |
| 12. | **Address of Principal Place of Business** | | | | | | | | | | | | |
| Building No./Flat No. | | | | | | | Floor No. | | | | | | |
| Name of the Premises/Building | | | | | | | Road/Street | | | | | | |
| Locality/Village | | | | | | | City/District | | | | | | |
| State | | | | | | | PIN Code | | | | | | |
| Latitude | | | | | | | Longitude | | | | | | |
| Contact Information | | | | | | | | | | | | | |
| Office Email Address | | |  | | | Office Telephone number | | | | STD |  | | |
| Mobile Number | | | | | | Office Fax Number | | | | STD |  | | |
| 12A **Nature of possession of premises** | | | | | | | | | | | | | |
| Own | | Leased | | | Rented | | Consent | | | | | Shared | |
| **12B Nature of Business Activity being carried out at above mentioned Premises (Please tick applicable)** | | | | | | | | | | | | | |
| Factory / Manufacturing | | | | ¢ | Wholesale Business | | | ¢ | Retail Business | | | | ¢ |
| Warehouse/Deport | | | | ¢ | Bonded Warehouse | | | ¢ | Service Provision | | | | ¢ |
| Office/Sale Office | | | | ¢ | Leasing Business | | | ¢ | Service Recipient | | | | ¢ |
| EOU/ STP/ EHTP | | | | ¢ | SEZ | | | ¢ | Input Service Distributor (ISD) | | | | ¢ |
| Works Contract | | | | ¢ |  | | |  |  | | | | |

1. **Details of Bank Accounts (s)**

Total number of Bank Accounts maintained by the applicant for conducting business

**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 ------**

1. **Details of the Goods/ Commodities supplied by the Business**

|  |  |  |
| --- | --- | --- |
| Please specify top 5 Commodities | | |
| Sr. No. | Description of Goods | HSN Code |
| 1 |  |  |
| 2 |  |  |
| … |  |  |
| 5 |  |  |

1. **Details of Services supplied by the Business.**

|  |  |  |
| --- | --- | --- |
| Please specify top 5 Services | | |
| Sr. No. | Description of Services | Service Accounting Code |
| 1 |  |  |
| 2 |  |  |
| … |  |  |
| 5 |  |  |

1. **Details of Additional Place of Business(s)**

Number of additional places

Premises 1

**Details of Additional Place of Business**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building No/Flat No | |  | | Floor No | |  | | | | | | |
| Name of the Premises/Building | |  | | Road/Street | |  | | | | | | |
| Locality/Village | |  | | City/District | |  | | | | | | |
| State | |  | | PIN Code | |  | |  |  |  |  |  |
| **Contact Information** | | | | | | | | | | | | |
| Office Email Address |  | | Office Telephone number | | STD | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mobile Number | |  | | | | Office Fax Number | | | | STD |  | |  |
| 16A **Nature of possession of premises** | | | | | | | | | | | | |
| Own | Leased | | | Rented | | | Consent | | | | Shared | |
| 16 B **Nature of Business Activity being carried out at above mentioned Premises (Please tick applicable)** | | | | | | | | | | | | |
| Factory / Manufacturing | | | ¢ | | Wholesale Business | | | ¢ | Retail Business | | | ¢ |
| Warehouse/Deport | | | ¢ | | Bonded Warehouse | | | ¢ | Service Provision | | | ¢ |
| Office/Sale Office | | | ¢ | | Leasing Business | | | ¢ | Service Recipient | | | ¢ |
| EOU/ STP/ EHTP | | | ¢ | | SEZ | | | ¢ | Input Service Distributor (ISD) | | | ¢ |
| Works Contract | | | ¢ | |  | | |  |  | | |  |

**Note – Add more -------**

1. **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 | | Surname | |
| 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 |  |
| Locality/Village |  | City/District |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State |  | PIN Code |  |  |  |  |  |  |

**Note – Add more -------**

1. **Details of Authorized Signatory**

Checkbox for Primary Authorized Signatory Details of Signatory No. 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Particulars | First Name | | Middle Name | | | Surname | | | | | | |  |
| 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 | | |  | | | | |
| Locality/Village | |  | | | City/District | | |  | | | | |
| State | |  | | | PIN Code | | |  |  |  |  |  |  |

**Note – Add more ---**

1. **Details of Authorized Representative**

|  |  |  |  |
| --- | --- | --- | --- |
| **Enrolment ID** |  | | |
|  | First Name | Middle Name | Last Name |
| **Name of Person** |  |  |  |
| **Status** |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mobile Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Email address** |  | | | | | | | | | | |
| **Telephone No. with STD** |  | | | | FAX No. with STD | | | |  | | |

1. **State Specific Information**

Professional Tax Employee Code (EC) No. Professional 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*

1. **Document Upload**

*A customized list of documents required to be uploaded (refer Rule …../) as per the field values in the form.*

1. **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.*

1. **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 there from*

Place Name of Authorized Signatory ….……………………

Date Designation /Status……………………………………..………

**E-Sign / Digital Signature**

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

|  |  |
| --- | --- |
| 1. | **Photographs** (wherever specified in the Application Form)   1. Proprietary Concern – Proprietor 2. Partnership Firm / LLP – Managing/Authorized/Designated 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) 3. HUF – Karta 4. Company – Managing Director or the Authorised Person 5. Trust – Managing Trustee 6. 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) 7. Local Authority – CEO or his equivalent 8. Statutory Body – CEO or his equivalent 9. Others – Person in Charge |
| 2. | **Constitution of Taxpayer**: 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. | **Proof of Principal/Additional Place of Business:**   1. **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.   1. **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.   1. **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. |
| 4 | **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. |
| 5 | **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:  **Declaration for Authorised Signatory (Separate for each signatory)** |

I/We ---

(**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>**>**

hereby solemnly affirm and declare that <<name of the authorized signatory>> to act as an authorized signatory for the business << GSTIN - Name of the Business>> for which application for registration is being filed/ is registered under the Goods and Service Tax Act,

20 .

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.

1.

Full Name

Designation/Status

Signature

2.

**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.

Signature of Authorised Signatory

Place (Name)

Date Designation/Status

# Instruction for filling Application for New Registration.

1. Enter Name of taxpayer as recorded on PAN of the Business. In case of Proprietorship concern, enter name of proprietor at Legal Name and mention PAN of the proprietor. PAN shall be verified with Income Tax database.
2. Provide Email Id and Mobile Number of primary 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. Following person can digitally sign 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 and Key Managerial Persons |
| **Public Limited Company** | Managing / Whole-time Directors and Key Managerial Person |
| **Society/ Club/ Trust/ AOP** | Members of Managing Committee |
| **Government Department** | Person In charge |
| **Public Sector Undertaking** | Managing / Whole-time Director and Key Managerial Person |
| **UnlimitedCompany** | Managing/ Whole-time Director and Key Managerial Person |
| **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** | Person In charge |

1. Information in respect of Authorized Representative is optional. Please select your Authorized representative from the list as provided under Tax Return Preparer (TRP).
2. State specific information are relevant for the concerned State only.
3. 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 UnlimitedCompany Limited Liability Partnership Foreign Company  Foreign Limited Liability Partnership | Digital Signature Certificate(DSC) |
| **2.** | Other than above | Digital Signature Certificate e-  Signature or  as may be notified |

1. All information related to PAN, Aadhaar, DIN, CIN shall be online validated by the system and Acknowledgment Receipt Number will be generated after successful validation of all the filled information.
2. Status of the online filed Application can be tracked on the Common Portal.
3. No fee is payable for filing application for registration.
4. Authorised signatory should not be a minor.
5. Any person having multiple business verticals within a State, requiring a separate registration for any of its business verticals under sub-section (2) of section 19 shall need to apply in respect of each of the verticals subject to the following conditions: Such person has more than one business vertical as defined under sub-section (18) of section 2 of the Act.
6. A registered taxable person eligible to obtain separate registration for business verticals may file separate application in FORM GST REG**-1** in respect of each such vertical.

14 After approval of application Registration Certificate shall be made available indicating all additional places of business for the principal place of business and separate registration certificate for every declared additional place of business indicating the address of that place besides address of principal place of business. Such certificate shall be made available to the applicant on the Common Portal.

15. The certificate of registration shall be effective from the date on which the person becomes liable to registration where the application for registration has been submitted within **30** days from such date. In case application for registration is filled after **30** days, certificate of registration shall be effective from the date of registration.