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FINANCE DEPARTMENT NOTIFICATION The24th June, 2017

S.R.O.No 289/2017 In exercise of the powers conferred by section 164 of the Odisha Goods and Services Tax Act, 2017 (Odisha Act 7 of 2017), the State Government on the recommendation of the Goods and Services Tax Council do hereby make the following rules, namely:-

Chapter I

PRELIMINARY

- **1. Short title, Extent and Commencement.-**(1) These rules may be called the Odisha Goods and Services Tax Rules, 2017.
 - (2) They shall come into force with effect from the 24th June, 2017.
- 2. Definitions.- In these rules, unless the context otherwise requires,-
 - (a) "Act" means the Odisha Goods and Services Tax Act, 2017 (Odisha Act 7 of 2017);
 - (b) "FORM" means a Form appended to these rules;
 - (c) "section" means a section of the Act;
 - (d) "Special Economic Zone" shall have the same meaning as assigned to it in clause (za) of section 2 of the Special Economic Zones Act, 2005 (28 of 2005);
 - (e) words and expressions used herein but not defined and defined in the Act shall have the same meanings respectively assigned to them in the Act.

Chapter II

COMPOSITION RULES

3. Intimation for composition levy.-(1) Any person who has been granted registration on a provisional basis under clause (b) of sub-rule (1) of rule 24 and who opts to pay tax under section 10, shall electronically file an intimation in **FORM GST CMP-01**, duly signed or verified through electronic verification code, on the common portal, either directly or through a Facilitation Centre notified by the Commissioner, prior to the appointed day, but not later than thirty days after the said day, or such further period as may be extended by the Commissioner in this behalf:

Provided that where the intimation in **FORM GST CMP-01** is filed after the appointed day, the registered person shall not collect any tax from the appointed day but shall issue bill of supply for supplies made after the said day.

- (2) Any person who applies for registration under sub-rule (1) of 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.
- (3) Any registered person who opts to pay tax under section 10 shall electronically file an intimation in **FORM GST CMP-02**, duly signed or verified through electronic verification code, on the common portal, either directly or through a Facilitation Centre notified by the Commissioner, prior to the commencement of the financial year for which the option to pay tax under the aforesaid section is exercised and shall furnish the statement in **FORM GST ITC-03** in accordance with the provisions of sub-rule (4) of rule 44 within a period of sixty days from the commencement of the relevant financial year.
- (4) Any person who files an intimation under sub-rule (1) to pay tax under section 10 shall furnish the details of stock, including the inward supply of goods received from unregistered persons, held by him on the day preceding the date from which he opts to pay tax under the said section, electronically, in **FORM GST CMP-03**, on the common portal, either directly or through a Facilitation Centre notified by the Commissioner, within a period of sixty days from the date on which the option for composition levy is exercised or within such further period as may be extended by the Commissioner in this behalf.
- (5) Any intimation under sub-rule (1) or sub-rule (3) in respect of any place of business in any State or Union territory shall be deemed to be an intimation in respect of all other places of business registered on the same Permanent Account Number.
- **4. Effective date for composition levy.-** (1) The option to pay tax under section 10 shall be effective from the beginning of the financial year, where the intimation is filed under sub-rule (3) of rule 3 and the appointed day where the intimation is filed under sub-rule (1) of the said rule.
- (2) The intimation under sub-rule (2) of rule 3, shall be considered only after the grant of registration to the applicant and his option to pay tax under section 10 shall be effective from the date fixed under sub-rule (2) or (3) of rule 10.
- **5.** Conditions and restrictions for composition levy.- (1) The person exercising the option to pay tax under section 10 shall comply with the following conditions, namely:-
 - (a) he is neither a casual taxable person nor a non-resident taxable person;
 - (b) the goods held in stock by him on the appointed day have not been purchased in the course of inter-State trade or commerce or imported from a place outside India or received from his branch situated outside the State or from his agent or principal outside the State, where the option is exercised under sub-rule (1) of rule 3;
 - (c) the goods held in stock by him have not been purchased from an unregistered supplier and where purchased, he pays the tax under sub-section (4) of section 9;
 - (d) he shall pay tax under sub-section (3) or sub-section (4) of section 9 on inward supply of goods or services or both;
 - (e) he was not engaged in the manufacture of goods as notified under clause (e) of sub-section (2) of section 10, during the preceding financial year;
 - (f) he shall mention the words "composition taxable person, not eligible to collect tax on supplies" at the top of the bill of supply issued by him; and

- (g) he shall mention the words "composition taxable person" on every notice or signboard displayed at a prominent place at his principal place of business and at every additional place or places of business.
- (2) The registered person paying tax under section 10 may not file a fresh intimation every year and he may continue to pay tax under the said section subject to the provisions of the Act and these rules.
- **6. Validity of composition levy.-** (1) The option exercised by a registered person to pay tax under section 10 shall remain valid so long as he satisfies all the conditions mentioned in the said section and under these rules.
 - (2) The person referred to in sub-rule (1) shall be liable to pay tax under sub-section (1) of section 9 from the day he ceases to satisfy any of the conditions mentioned in section 10 or the provisions of this Chapter and shall issue tax invoice for every taxable supply made thereafter and he shall also file an intimation for withdrawal from the scheme in **FORM GST CMP-04** within seven days of the occurrence of such event.
 - (3) The registered person who intends to withdraw from the composition scheme shall, before the date of such withdrawal, file an application in **FORM GST CMP-04**, duly signed or verified through electronic verification code, electronically on the common portal.
 - (4) Where the proper officer has reasons to believe that the registered person was not eligible to pay tax under section 10 or has contravened the provisions of the Act or provisions of this Chapter, he may issue a notice to such person in **FORM GST CMP-05** to show cause within fifteen days of the receipt of such notice as to why the option to pay tax under section 10 shall not be denied.
 - (5) Upon receipt of the reply to the show cause notice issued under sub-rule (4) from the registered person in **FORM GST CMP-06**, the proper officer shall issue an order in **FORM GST CMP-07** within a period of thirty days of the receipt of such reply, either accepting the reply, or denying the option to pay tax under section 10 from the date of the option or from the date of the event concerning such contravention, as the case may be.
 - (6) Every person who has furnished an intimation under sub-rule (2) or filed an application for withdrawal under sub-rule (3) or a person in respect of whom an order of withdrawal of option has been passed in **FORM GST CMP-07** under sub-rule (5), may electronically furnish at the common portal, either directly or through a Facilitation Centre notified by the Commissioner, a statement in **FORM GST ITC-01** containing details of the stock of inputs and inputs contained in semi-finished or finished goods held in stock by him on the date on which the option is withdrawn or denied, within a period of thirty days from the date from which the option is withdrawn or from the date of the order passed in **FORM GST CMP-07**, as the case may be.
 - (7) Any intimation or application for withdrawal under sub-rule (2) or (3) or denial of the option to pay tax under section 10 in accordance with sub-rule (5) in respect of any place of business in any State or Union territory, shall be deemed to be an intimation in respect of all other places of business registered on the same Permanent Account Number.

7. Rate of tax of the composition levy.- The category of registered persons, eligible for composition levy under section 10 and the provisions of this Chapter, specified in column (2) of the Table below shall pay tax under section 10 at the rate specified in column (3) of the said Table:-

| Sl. | Category of registered persons | Rate of tax |
|-----|--|--------------------------|
| No. | | |
| (1) | (2) | (3) |
| 1 | Manufacturers, other than manufacturers of such | one per cent. |
| | goods as may be notified by the Government | |
| 2 | Suppliers making supplies referred to in clause (b) of | two and a half per cent. |
| | paragraph 6 of Schedule II | |
| 3 | Any other supplier eligible for composition levy | half per cent. |
| | under section 10 and the provisions of this Chapter | |

Chapter III REGISTRATION

8. Application for registration.-(1) Every person, other than a non-resident taxable person, a person required to deduct tax at source under section 51, 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 (13 of 2017) who is liable to be registered under sub-section (1) of section 25 and every person seeking registration under sub-section (3) of section 25 (hereafter in this Chapter referred to as "the applicant") shall, before applying for registration, declare his Permanent Account Number, mobile number, email address, State or Union territory in **Part A** of **FORM GST REG-01** on the common portal, either directly or through a Facilitation Centre notified by the Commissioner:

Provided that a person having a unit(s) in a Special Economic Zone or being a Special Economic Zone developer shall make a separate application for registration as a business vertical distinct from his other units located outside the Special Economic Zone:

Provided further that every person being an Input Service Distributor shall make a separate application for registration as such Input Service Distributor.

- (2)(a) The Permanent Account Number shall be validated online by the common portal from the database maintained by the Central Board of Direct Taxes.
 - (b) The mobile number declared under sub-rule (1) shall be verified through a one-time password sent to the said mobile number; and
 - (c) The e-mail address declared under sub-rule (1) shall be verified through a separate one-time password sent to the said e-mail address.
- (3) On successful verification of the Permanent Account Number, mobile number and e-mail address, a temporary reference number shall be generated and communicated to the applicant on the said mobile number and e-mail address.
- (4) Using the reference number generated under sub-rule (3), the applicant shall electronically submit an application in **Part B** of **FORM GST REG-01**, duly signed or verified through electronic verification code, along with the documents specified in

the said Form at the common portal, either directly or through a Facilitation Centre notified by the Commissioner.

- (5) On receipt of an application under sub-rule (4), an acknowledgement shall be issued electronically to the applicant in **FORM GST REG-02**.
- (6) A person applying for registration as a casual taxable person shall be given a temporary reference number by the common portal for making advance deposit of tax in accordance with the provisions of section 27 and the acknowledgement under subrule (5) shall be issued electronically only after the said deposit.
- **9. Verification of the application and approval.-**(1) The application shall be forwarded to the proper officer who shall examine the application and the accompanying documents and if the same are found to be in order, approve the grant of registration to the applicant within a period of three working days from the date of submission of the application.
- (2) Where the application submitted under rule 8 is found to be deficient, either in terms of any information or any document required to be furnished under the said rule, or where the proper officer requires any clarification with regard to any information provided in the application or documents furnished therewith, he may issue a notice to the applicant electronically in **FORM GST REG-03** within a period of three working days from the date of submission of the application and the applicant shall furnish such clarification, information or documents electronically, in **FORM GST REG-04**, within a period of seven working days from the date of the receipt of such notice.

Explanation.- For the purposes of this sub-rule, the expression "clarification" includes modification or correction of particulars declared in the application for registration, other than Permanent Account Number, State, mobile number and e-mail address declared in **Part A** of **FORM GST REG-01**.

- (3) Where the proper officer is satisfied with the clarification, information or documents furnished by the applicant, he may approve the grant of registration to the applicant within a period of seven working days from the date of the receipt of such clarification or information or documents.
- (4) Where no reply is furnished by the applicant in response to the notice issued under sub-rule (2) or where the proper officer is not satisfied with the clarification, information or documents furnished, he shall, for reasons to be recorded in writing, reject such application and inform the applicant electronically in **FORM GST REG-05**.
 - (5) If the proper officer fails to take any action, -
 - (a) within a period of three working days from the date of submission of the application; or
 - (b) within a period of seven working days from the date of the receipt of the clarification, information or documents furnished by the applicant under sub-rule (2),

the application for grant of registration shall be deemed to have been approved.

- 10. Issue of registration certificate.- (1) Subject to the provisions of sub-section (12) of section 25, where the application for grant of registration has been approved under rule 9, a certificate of registration in FORM GST REG-06 showing the principal place of business and additional place or places of business shall be made available to the applicant on the common portal and a Goods and Services Tax Identification Number shall be assigned subject to the following characters, namely:-
 - (a) two characters for the State code;
 - (b)ten characters for the Permanent Account Number or the Tax Deduction and Collection Account Number;
 - (c) two characters for the entity code; and
 - (d)one checksum character.
- (2) The registration shall be effective from the date on which the person becomes liable to registration where the application for registration has been submitted within a period of thirty days from such date.
- (3) Where an application for registration has been submitted by the applicant after the expiry of thirty days from the date of his becoming liable to registration, the effective date of registration shall be the date of the grant of registration under sub-rule (1) or sub-rule (3) or sub-rule (5) of rule 9.
- (4) Every certificate of registration shall be digitally signed by the proper officer under the Act.
- (5) Where the registration has been granted under sub-rule (5) of rule 9, the applicant shall be communicated the registration number, and the certificate of registration under sub-rule (1), duly signed or verified through electronic verification code, shall be made available to him on the common portal, within a period of three days after the expiry of the period specified in sub-rule (5) of rule 9.
- 11. Separate registration for multiple business verticals within a State or a Union territory.- (1) Any person having multiple business verticals within a State or a Union territory, requiring a separate registration for any of its business verticals under sub-section (2) of section 25 shall be granted separate registration in respect of each of the verticals subject to the following conditions, namely:-
 - (a) such person has more than one business vertical as defined in clause (18) of section 2;
 - (b) the business vertical of a taxable person shall not be granted registration to pay tax under section 10 if any one of the other business verticals of the same person is paying tax under section 9;
 - (c) all separately registered business verticals of such person shall pay tax under the Act on supply of goods or services or both made to another registered business vertical of such person and issue a tax invoice for such supply.

Explanation.- For the purposes of clause (b), it is hereby clarified that where any business vertical of a registered person that has been granted a separate registration becomes ineligible to pay tax under section 10, all other business verticals of the said person shall become ineligible to pay tax under the said section.

- (2) A registered person eligible to obtain separate registration for business verticals may submit a separate application in **FORM GST REG-01** in respect of each such vertical.
- (3) The provisions of rule 9 and rule 10 relating to the verification and the grant of registration shall, *mutatis mutandis*, apply to an application submitted under this rule.
- **12. Grant of registration to persons required to deduct tax at source or to collect tax at source.** (1) Any person required to deduct tax in accordance with the provisions of section 51 or a person required to collect tax at source in accordance with the provisions of section 52 shall electronically submit an application, duly signed or verified through electronic verification code, in **FORM GST REG-07** for the grant of registration through the common portal, either directly or through a Facilitation Centre notified by the Commissioner.
- (2) The proper officer may grant registration after due verification and issue a certificate of registration in **FORM GST REG-06** within a period of three working days from the date of submission of the application.
- (3) Where, upon an enquiry or pursuant to any other proceeding under the Act, the proper officer is satisfied that a person to whom a certificate of registration in **FORM GST REG-06** has been issued is no longer liable to deduct tax at source under section 51 or collect tax at source under section 52, the said officer may cancel the registration issued under subrule (2) and such cancellation shall be communicated to the said person electronically in **FORM GST REG-08**:

Provided that the proper officer shall follow the procedure as provided in rule 22 for the cancellation of registration.

13. Grant of registration to non-resident taxable person.- (1) A non-resident taxable person shall electronically submit an application, along with a self-attested copy of his valid passport, for registration, duly signed or verified through electronic verification code, in **FORM GST REG-09**, at least five days prior to the commencement of business at the common portal either directly or through a Facilitation Centre notified by the Commissioner:

Provided that in the 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 its Permanent Account Number, if available.

- (2) A person applying for registration as a non-resident taxable person shall be given a temporary reference number by the common portal for making an advance deposit of tax in accordance with the provisions of section 27 and the acknowledgement under sub-rule (5) of rule 8 shall be issued electronically only after the said deposit in his electronic cash ledger.
- (3) The provisions of rule 9 and rule 10 relating to the verification and the grant of registration shall, *mutatis mutandis*, apply to an application submitted under this rule.
- (4) The application for registration made by a non-resident taxable person shall be signed by his authorised signatory who shall be a person resident in India having a valid Permanent Account Number.

- **14.** Grant of registration to a person supplying online information and database access or retrieval services from a place outside India to a non-taxable online recipient.-(1)Any person supplying online information and database access or retrieval services from a place outside India to a non-taxable online recipient shall electronically submit an application for registration, duly signed or verified through electronic verification code, in **FORM GST REG-10**, at the common portal, either directly or through a Facilitation Centre notified by the Commissioner.
- (2) The applicant referred to in sub-rule (1) shall be granted registration, in **FORM GST REG-06**, subject to such conditions and restrictions and by such officer as may be notified by the Central Government on the recommendations of the Council.
- **15.** Extension in period of operation by casual taxable person and non-resident taxable person. (1) Where a registered casual taxable person or a non-resident taxable person intends to extend the period of registration indicated in his application of registration, an application in **FORM GST REG-11** shall be submitted electronically through the common portal, either directly or through a Facilitation Centre notified by the Commissioner, by such person before the end of the validity of registration granted to him.
- (2) The application under sub-rule (1) shall be acknowledged only on payment of the amount specified in sub-section (2) of section 27.
- **16.** Suo moto registration.- (1) Where, pursuant to any survey, enquiry, inspection, search or any other proceedings under the Act, the proper officer finds that a person liable to registration under the Act has failed to apply for such registration, such officer may register the said person on a temporary basis and issue an order in **FORM GST REG-12**.
- (2) The registration granted under sub-rule (1) shall be effective from the date of such order granting registration.
- (3) Every person to whom a temporary registration has been granted under subrule (1) shall, within a period of ninety days from the date of the grant of such registration, submit an application for registration in the form and manner provided in rule 8 or rule 12:

Provided that where the said person has filed an appeal against the grant of temporary registration, in such case, the application for registration shall be submitted within a period of thirty days from the date of the issuance of the order upholding the liability to registration by the Appellate Authority.

- (4) The provisions of rule 9 and rule 10 relating to verification and the issue of the certificate of registration shall, *mutatis mutandis*, apply to an application submitted under sub-rule (3).
- (5) The Goods and Services Tax Identification Number assigned, pursuant to the verification under sub-rule (4), shall be effective from the date of the order granting registration under sub-rule (1).

- **17. Assignment of Unique Identity Number to certain special entities.-** (1) Every person required to be granted a Unique Identity Number in accordance with the provisions of subsection (9) of section 25 may submit an application electronically in **FORM GST REG-13**, duly signed or verified through electronic verification code, in the manner specified in rule 8 at the common portal, either directly or through a Facilitation Centre notified by the Commissioner.
- (2) The proper officer may, upon submission of an application in **FORM GST REG-13** or after filling up the said form, assign a Unique Identity Number to the said person and issue a certificate in **FORM GST REG-06** within a period of three working days from the date of the submission of the application.
- **18.** Display of registration certificate and Goods and Services Tax Identification Number on the name board.- (1) Every registered person shall display his certificate of registration in a prominent location at his principal place of business and at every additional place or places of business.
- (2) Every registered person shall display his Goods and Services Tax Identification Number on the name board exhibited at the entry of his principal place of business and at every additional place or places of business.
- 19. Amendment of registration.- (1) Where there is any change in any of the particulars furnished in the application for registration in FORM GST REG-01 or FORM GST REG-07 or FORM GST REG-09 or FORM GST REG-10 or for Unique Identity Number in FORM GST-REG-13, either at the time of obtaining registration or Unique Identity Number or as amended from time to time, the registered person shall, within a period of fifteen days of such change, submit an application, duly signed or verified through electronic verification code, electronically in FORM GST REG-14, along with the documents relating to such change at the common portal, either directly or through a Facilitation Centre notified by the Commissioner:

Provided that - (a) where the change relates to,-

- (i) legal name of business;
- (ii) address of the principal place of business or any additional place(s) of business; or
- (iii) addition, deletion or retirement of partners or directors, Karta, Managing Committee, Board of Trustees, Chief Executive Officer or equivalent, responsible for the day to day affairs of the business,-

which does not warrant cancellation of registration under section 29, the proper officer shall, after due verification, approve the amendment within a period of fifteen working days from the date of the receipt of the application in **FORM GST REG-14** and issue an order in **FORM GST REG-15** electronically and such amendment shall take effect from the date of the occurrence of the event warranting such amendment;

- (b) the change relating to sub-clause (i) and sub-clause (iii) of clause (a) in any State or Union territory shall be applicable for all registrations of the registered person obtained under the provisions of this Chapter on the same Permanent Account Number:
- (c) where the change relates to any particulars other than those specified in clause (a), the certificate of registration shall stand amended upon submission of the application in **FORM GST REG-14** on the common portal;

(d) where a change in the constitution of any business results in the change of the Permanent Account Number of a registered person, the said person shall apply for fresh registration in **FORM GST REG-01**:

Provided further that any change in the mobile number or e-mail address of the authorised signatory submitted under this rule, as amended from time to time, shall be carried out only after online verification through the common portal in the manner provided under the said rule.

- (2) Where the proper officer is of the opinion that the amendment sought under subrule (1) is either not warranted or the documents furnished therewith are incomplete or incorrect, he may, within a period of fifteen working days from the date of the receipt of the application in **FORM GST REG-14**, serve a notice in **FORM GST REG-03**, requiring the registered person to show cause, within a period of seven working days of the service of the said notice, as to why the application submitted under sub-rule (1) shall not be rejected.
- (3) The registered person shall furnish a reply to the notice to show cause, issued under sub-rule (2), in **FORM GST REG-04**, within a period of seven working days from the date of the service of the said notice.
- (4) Where the reply furnished under sub-rule (3) is found to be not satisfactory or where no reply is furnished in response to the notice issued under sub-rule (2) within the period prescribed in sub-rule (3), the proper officer shall reject the application submitted under sub-rule (1) and pass an order in **FORM GST REG -05**.
 - (5) If the proper officer fails to take any action,-
 - (a) within a period of fifteen working days from the date of submission of the application, or
 - (b) within a period of seven working days from the date of the receipt of the reply to the notice to show cause under sub-rule (3),

the certificate of registration shall stand amended to the extent applied for and the amended certificate shall be made available to the registered person on the common portal.

20. Application for cancellation of registration.- A registered person, other than a person to whom a registration has been granted under rule 12 or a person to whom a Unique Identity Number has been granted under rule 17, seeking cancellation of his registration under subsection (1) of section 29 shall electronically submit an application in **FORM GST REG-16,** including therein the details of inputs held in stock or inputs contained in semi-finished or finished goods held in stock and of capital goods held in stock on the date from which the cancellation of registration is sought, liability thereon, the details of the payment, if any, made against such liability and may furnish, along with the application, relevant documents in support thereof, at the common portal within a period of thirty days of the occurrence of the event warranting the cancellation, either directly or through a Facilitation Centre notified by the Commissioner:

Provided that no application for the cancellation of registration shall be considered in case of a taxable person, who has registered voluntarily, before the expiry of a period of one year from the effective date of registration.

- **21. Registration to be cancelled in certain cases.-** The registration granted to a person is liable to be cancelled, if the said person,-
 - (a) does not conduct any business from the declared place of business; or

- (b) issues invoice or bill without supply of goods or services in violation of the provisions of this Act, or the rules made thereunder.
- **22. Cancellation of registration.-** (1) Where the proper officer has reasons to believe that the registration of a person is liable to be cancelled under section 29, he shall issue a notice to such person in **FORM GST REG-17**, requiring him to show cause, within a period of seven working days from the date of the service of such notice, as to why his registration shall not be cancelled.
- (2) The reply to the show cause notice issued under sub-rule (1) shall be furnished in **FORM REG–18** within the period specified in the said sub-rule.
- (3) Where a person who has submitted an application for cancellation of his registration is no longer liable to be registered or his registration is liable to be cancelled, the proper officer shall issue an order in **FORM GST REG-19**, within a period of thirty days from the date of application submitted under rule 20 or, as the case may be, the date of the reply to the show cause issued under sub-rule (1), cancel the registration, with effect from a date to be determined by him and notify the taxable person, directing him to pay arrears of any tax, interest or penalty including the amount liable to be paid under sub-section (5) of section 29.
- (4) Where the reply furnished under sub-rule (2) is found to be satisfactory, the proper officer shall drop the proceedings and pass an order in **FORM GST REG –20.**
- (5) The provisions of sub-rule (3) shall, *mutatis mutandis*, apply to the legal heirs of a deceased proprietor, as if the application had been submitted by the proprietor himself.
- **23. Revocation of cancellation of registration.-** (1) A registered person, whose registration is cancelled by the proper officer on his own motion, may submit an application for revocation of cancellation of registration, in **FORM GST REG-21**, to such proper officer, within a period of thirty days from the date of the service of the order of cancellation of registration at the common portal, either directly or through a Facilitation Centre notified by the Commissioner:

Provided that no application for revocation shall be filed, if the registration has been cancelled for the failure of the registered person 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 in respect of the said returns.

- (2) (a) Where the proper officer is satisfied, for reasons to be recorded in writing, that there are sufficient grounds for revocation of cancellation of registration, he shall revoke the cancellation of registration by an order in **FORM GST REG-22** within a period of thirty days from the date of the receipt of the application and communicate the same to the applicant.
 - (b) The proper officer may, for reasons to be recorded in writing, under circumstances other than those specified in clause (a), by an order in **FORM GST REG-05**, reject the application for revocation of cancellation of registration and communicate the same to the applicant.
 - (3) The proper officer shall, before passing the order referred to in clause (b) of sub-rule (2), issue a notice in **FORM GST REG–23** requiring the applicant to show cause as to why the application submitted for revocation under sub-rule (1) should not be rejected and the applicant shall furnish the reply within a period of seven working days from the date of the service of the notice in **FORM GST REG-24**.

- (4) Upon receipt of the information or clarification in **FORM GST REG-24**, the proper officer shall proceed to dispose of the application in the manner specified in sub-rule (2) within a period of thirty days from the date of the receipt of such information or clarification from the applicant.
- **24.** Migration of persons registered under the existing law.- (1) (a) 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 provisions of the Income-tax Act, 1961 (Act 43 of 1961) shall enrol on the common portal by validating his email address and mobile number, either directly or through a Facilitation Centre notified by the Commissioner.
- (b) 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:

Provided that a taxable person who has been granted multiple registrations under the existing law on the basis of a single Permanent Account Number shall be granted only one provisional registration under the Act:

Provided further that a person having centralised registration under the provisions of Chapter V of the Finance Act, 1994 (32 of 1994) shall be granted only one provisional registration in the State or Union territory in which he is registered under the existing law.

- (2)(a) Every person who has been granted a provisional registration under sub-rule (1) shall submit an application electronically in **FORM GST REG–26**, duly signed or verified through electronic verification code, along with the information and documents specified in the said application, on the common portal either directly or through a Facilitation Centre notified by the Commissioner.
- (b) The information asked for in clause (a) shall be furnished within a period of three months or within such further period as may be extended by the Commissioner in this behalf.
- (c) If the information and the particulars furnished in the application are found, by the proper officer, to be correct and complete, a certificate of registration in **FORM GST REG-06** shall be made available to the registered person electronically on the common portal.
- (3) Where the particulars or information specified in sub-rule (2) have either not been furnished or not found to be correct or complete, the proper officer shall, after serving a notice to show cause in **FORM GST REG-27** and after affording the person concerned a reasonable opportunity of being heard, cancel the provisional registration granted under sub-rule (1) and issue an order in **FORM GST REG-28**:

Provided that the show cause notice issued in **FORM GST REG- 27** can be withdrawn by issuing an order in **FORM GST REG- 20**, if it is found, after affording the person an opportunity of being heard, that no such cause exists for which the notice was issued.

(4) Every person registered under any of the existing laws, who is not liable to be registered under the Act may, within a period of thirty days from the appointed day, at his option, submit an application electronically in **FORM GST REG-29** at the common portal for the cancellation of registration granted to him and the proper officer shall, after conducting such enquiry as deemed fit, cancel the said registration.

- **25. Physical verification of business premises in certain cases.-** Where the proper officer is satisfied that the physical verification of the place of business of a registered person is required after the grant of registration, he may get such verification done and the verification report along with the other documents, including photographs, shall be uploaded in **FORM GST REG-30** on the common portal within a period of fifteen working days following the date of such verification.
- **26. Method of authentication.-** (1) All applications, including reply, if any, to the notices, returns including the details of outward and inward supplies, appeals or any other document required to be submitted under the provisions of these rules shall be so submitted electronically with digital signature certificate or through e-signature as specified under the provisions of the Information Technology Act, 2000 (21 of 2000) or verified by any other mode of signature or verification as notified by the Commissioner in this behalf:

Provided that a registered person registered under the provisions of the Companies Act, 2013 (18 of 2013) shall furnish the documents or application verified through digital signature certificate.

- (2) Each document including the return furnished online shall be signed or verified through electronic verification code-
 - (a) in the case of an individual, by the individual himself or where he is absent from India, by some other person duly authorised by him in this behalf, and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
 - (b) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family or by the authorised signatory of such Karta;
 - (c) in the case of a company, by the chief executive officer or authorised signatory thereof;
 - (d) in the case of a Government or any Governmental agency or local authority, by an officer authorised in this behalf;
 - (e) in the case of a firm, by any partner thereof, not being a minor or authorised signatory thereof;
 - (f) in the case of any other association, by any member of the association or persons or authorised signatory thereof;
 - (g) in the case of a trust, by the trustee or any trustee or authorised signatory thereof; or
 - (h) in the case of any other person, by some person competent to act on his behalf, or by a person authorised in accordance with the provisions of section 48.
- (3) All notices, certificates and orders under the provisions of this Chapter shall be issued electronically by the proper officer or any other officer authorised to issue such notices or certificates or orders, through digital signature certificate specified under the provisions of the Information Technology Act, 2000 (21 of 2000).

Form GST CMP -01

[See rule 3(1)]

Intimation to pay tax under section 10 (composition levy) (Only for persons registered under the existing law migrating on the appointed day)

| 1. GSTIN / Provisional ID | | | | | | |
|--|-------------------------|---------------------------------------|--|--|--|--|
| 2. Legal name | | | | | | |
| 3. Trade name, if any | | | | | | |
| 4. Address of Principal Place of Business | | | | | | |
| 5. Category of Registered Person < Select from drop down> | | | | | | |
| (i) Manufacturers, other than manufacturers of such goods as notified by the Government | | | | | | |
| (ii) Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II | | | | | | |
| (iii) Any other supplier eligible f | or composition levy. | | | | | |
| 6. Financial Year from which composition s | cheme is opted | 2017-18 | | | | |
| 7. Jurisdiction | Centre | State | | | | |
| 8. Declaration – | | | | | | |
| I hereby declare that the aforesaid business spayment of tax under section 10. | shall abide by the cond | itions and restrictions specified for | | | | |
| 9. Verification | | | | | | |
| 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. | | | | | | |
| | Signatur | e of Authorised Signatory | | | | |
| | | Name | | | | |
| Place Date | Des | signation / Status | | | | |
| | | | | | | |

Form GST CMP -02

[See rule 3(2)]

Intimation to pay tax under section 10 (composition levy) (For persons registered under the Act)

| 1. GSTIN | | | | | | |
|--|------------|---------------|---------|--|--|--|
| 2. Legal name | | | | | | |
| 3. Trade name, if any | | | | | | |
| 4. Address of Principal Place of Business | | | | | | |
| 5. Category of Registered Person < Select from drop | down>. | | | | | |
| (i) Manufacturers, other than manufacturemay be notified by the Government | | | | | | |
| (ii) Suppliers making supplies referred to paragraph 6 of Schedule II | | | | | | |
| (iii) Any other supplier eligible for comp | osition le | vy. | | | | |
| 6. Financial Year from which composition scheme is | opted | | • | | | |
| 7. Jurisdiction | Centre | | State | | | |
| 8. Declaration – I hereby declare that the aforesaid business shall abid paying tax under section 10. | de by the | conditions ar | nd rest | rictions specified for | | |
| 9. Verification | | | | | | |
| I information given hereinabove is true and correct to has been concealed therefrom. | | | | nd declare that the d belief and nothing | | |
| | Sign | nature of Aut | horise | d Signatory | | |
| L | | Name | | | | |
| Place Date | | Designation | / Statı | us | | |
| | | | | | | |

Form GST -CMP-03

[See rule 3(4)]

Intimation of details of stock on date of opting for composition levy

(Only for persons registered under the existing law migrating on the appointed day)

| 1. GSTIN | | | |
|---|--|--------------|--|
| 2. Legal name | | | |
| 3. Trade name, if any | | | |
| 4. Address of Principal Place of Business | | | |
| 5. Details of application filed to pay tax under section 10 | (i) Application refe (ARN) (ii) Date of filing | rence number | |
| 6. Jurisdiction | Centre | State | |

7. Stock of purchases made from registered person under the existing law

| Sr. No | GSTIN/TIN | Name of the | Bill/ | Date | Value of | VAT | Central | Service | Total |
|--------|-----------|-------------|---------|------|----------|-----|---------|-----------|-------|
| | | supplier | Invoice | | Stock | | Excise | Tax (if | |
| | | | No. | | | | | applicabl | |
| | | | | | | | | e) | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| Total | | | | | | | | | |

8. Stock of purchases made from unregistered person under the existing law

| Sr. No | Name of the unregistered person | Address | Bill/ Invoice No | Date | Value of Stock | VAT | Central Excise | Service Tax (if applicabl e | Total |
|--------|---------------------------------------|---------|------------------------|------|-------------------|-----|-------------------|--------------------------------------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |

| 9. Details of tax paid | Description | Central Tax | State Tax UT Tax | x / | | |
|--|-----------------|--------------|----------------------------|--------|-----------|--|
| | Amount | | | | | |
| | Debit entry no. | | | | | |
| Verification I information given he nothing has been conducted. | | | olemnly aff est of my k | | | |
| Iinformation given he | | | est of my k | nowled | ge and be | |
| Iinformation given he | | Signature of | est of my k | nowled | ge and be | |
| Iinformation given he | | Signature of | est of my k | nowled | ge and be | |

Form GST - CMP-04

[See rule 6(2)]

Intimation/Application for Withdrawal from Composition Levy

| 1. GSTIN | | | | | |
|--|-----------------|-----------------------------------|-----------|----|------|
| 2. Legal name | | | | | |
| 3. Trade name, if any | | | | | |
| 4.Address of Principal Place of business | s | | | | |
| 5. Category of Registered Person | | | | | |
| (i) Manufacturers, other than manu goods as may be notified by th | | | | | |
| (ii) Suppliers making supplies refer (b) of paragraph 6 of Schedule | | | | | |
| (iii) Any other supplier eligible f levy. | | | | | |
| 6. Nature of Business | | | | | |
| 7. Date from which withdrawal from co | mposition schem | e is sought | DD | MM | YYYY |
| 8. Jurisdiction | Centre | | State | | |
| 9. Reasons for withdrawal from compos | sition scheme | | | | |
| 10. Verification | | | | | |
| Iinformation given hereinabove is true a | | by solemnly af best of my know | | | |
| has been concealed therefrom. | G! | 6 4 4 1 1 | a: | | |
| | Signatur | e of Authorised | Signatory | 7 | |
| | | | | | |
| | | Name | | | |
| Place | | | | | |
| Date | | | | | |
| | | Designation / | Status | | |
| | | | | | |

Note – Stock statement may be furnished separately for availing input tax credit on the stock available on the date preceding the date from which composition option is withdrawn in **FORM GST ITC -01**.

Form GST CMP- 05

[See rule 6(4)]

| Reference No. << >> | << Date >> |
|--|--|
| То | |
| GSTIN Name Address | |
| Notice for denial of op | otion to pay tax under section 10 |
| the conditions and restrictions necessary for | has come to my notice, it appears that you have violated availing of the composition scheme under section 10 of ption to you to pay tax under the said section for the |
| You are hereby directed to furnish a redate of service of this notice. | eply to this notice within fifteen working days from the |
| ☐ You are hereby directed to appear before | e the undersigned on DD/MM/YYYY at HH/MM. |
| | alated date or fail to appear for personal hearing on the ecided ex parte on the basis of available records and on |
| | Signature |
| | Name of Proper Officer |
| | Designation |
| | Jurisdiction |
| Place | |

Date

Form GST CMP - 06

[See rule 6(5)]

Reply to the notice to show cause

| 1. | GSTIN | |
|----|--|---|
| 2. | Details of the show cause notice | Reference no. |
| | | Date |
| 3. | Legal name | |
| 4. | Trade name, if any | |
| 5. | Address of the Principal Place of Business | |
| 6. | Reply to the notice | |
| 7. | List of documents uploaded | |
| 8. | 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 therefrom. |
| | | Signature of the Authorised Signatory Date Place |

Note -

- 1. The reply should not be more than 500 characters. In case the same is more than 500 characters, then it should be uploaded separately.
- 2. Supporting documents, if any, may be uploaded in PDF format.

Form GST CMP-07

[See rule 6(5)]

| Reference No. << | >> | Date- |
|--|---------------------------------|---|
| То | | |
| GSTIN Name Address | | |
| Application Refere | nce No. (ARN) | Date – |
| Or | der for acceptance / reject | tion of reply to show cause notice |
| reference no be satisfactory and | dated Your repl | ed in response to the show cause notice issued vide y has been examined and the same has been found to y tax under composition scheme shall continue. The |
| | | or |
| reference noto be satisfactory a | dated Your reply | ed in response to the show cause notice issued vide has been examined and the same has not been found pay tax under composition scheme is hereby denied asons: |
| | << te | ext >> |
| | | or |
| You have no | ot filed any reply to the show | cause notice; or |
| You did no | t appear on the day fixed for l | nearing. |
| Therefore, your opt date >> for the following the second s | | tion scheme is hereby denied with effect from << |
| | << T | ext >> |
| | | |
| Date Place | | Signature Name of Proper Officer |
| | | Designation Jurisdiction |

[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

| | | | Stat | te – ∇ | District - | | |
|-----------------|---|--------|--|---------------|----------------------------|----------|--|
| (i) | Legal Name of the Business: | | | | | | |
| | (As mentioned in Permanent Ace | count | t Number) | | | | |
| (ii) | Permanent Account Number: | | | | | | |
| | (Enter Permanent Account Num Individual in case of Proprietor. | | | nt Account | Number of | | |
| (iii) | Email Address : | | | | | | |
| (iv) | v) Mobile Number : | | | | | | |
| Note | - Information submitted above is | subje | ect to online verification b | pefore prod | reeding to fill up Part-B. | | |
| Auth | horised signatory filing the applic | cation | n shall provide his mobile | number ai | nd email address. | | |
| | | | Part –B | | | | |
| 1. | Trade Name, if any | | | | | | |
| 2. | Constitution of Business (Plea | se Se | elect the Appropriate) | | | | |
| (i) Pr | oprietorship | | (ii) Partnership | | | | |
| (iii) H | Hindu Undivided Family | | (iv) Private Limited Co | mpany | | | |
| (v) P | ublic Limited Company | | (vi) Society/Club/Trust/ | Associatio | on of Persons | | |
| (vii) | Government Department | | (viii) Public Sector Und | ertaking | | | |
| (ix) U | Inlimited Company | | (x) Limited Liability Pa | rtnership | nership | | |
| (xi) I | Local Authority | | (xii) Statutory Body | | | | |
| (xiii) Partn | Foreign Limited Liability ership | | (xiv) Foreign Company | Registered | l (in India) | | |
| (xv) | Others (Please specify) | | | | | | |
| 3. | Name of the State | _ | | District | • | <u> </u> | |
| 4. | Jurisdiction | | State | | Centre | | |
| | | | tor, Circle, Ward, Unit, eters (specify) | tc. | | | |
| 5. | Option for Composition | Y | es 🗆 No 🗆 | | | | |

| | 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 co | mposition sche | me. | | | | | | | |
| 6.1 Catego | ory of Registered Person < tick in check box | x> | | | | | | | | |
| (i) | Manufacturers, other than manufacture Government for which option is not available. | • | ods as may be r | notified by the | | | | | | |
| (ii) | Suppliers making supplies referred to in | clause (b) of p | aragraph 6 of Scho | edule II | | | | | | |
| (iii) | (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 casu person? | ıal taxable | Yes | No \Box | | | | | | |
| 10. | If selected 'Yes' in Sr. No. 9, period for w | hich | From | То | | | | | | |
| | registration is required | | 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 | | | | | | | | | |
| | Challan Identification Number | Date | | Amount | | | | | | |
| 12. | Are you applying for registration as a SEZ | Z Unit? | Yes | No \square | l | | | | | |
| | (i) Select name of SEZ | | | | ∇ | | | | | |
| | (ii) Approval order number and date of ord | der | | | | | | | | |
| | (iii) Designation of approving authority | | | | | | | | | |
| | | | | _ | | | | | | |
| 13. | Are you applying for registration as a SEZ | Z Developer? | Yes | No \square | | | | | | |
| | (i) Select name of SEZ Developer | | | $\overline{\nabla}$ | | | | | | |

| | (ii) Approval order number and date of order | | | | | | | | | |
|---------------------|---|---|----------------------------------|--------------------------|--|--|--|--|--|--|
| | (iii) Designation of approving authority | | | | | | | | | |
| 14. | Reason to obtain registration: | | | | | | | | | |
| | (i) Crossing the threshold | | Merger /amalgamar red persons | tion of two or more | | | | | | |
| | (ii) Inter-State supply | (ix) Input Service Distributor | | | | | | | | |
| | (iii) Liability to pay tax as recipient of goods or | (x) Person liable to pay tax u/s 9(5) | | | | | | | | |
| | services u/s 9(3) or 9(4) | | | | | | | | | |
| | (iv) Transfer of business which includes change | (xi) Ta | xable person supp | lying through e-Commerce | | | | | | |
| | in the ownership of business | portal | | | | | | | | |
| | (if transferee is not a registered entity) | | | | | | | | | |
| | (v) Death of the proprietor | (xii) V | oluntary Basis | | | | | | | |
| | (if the successor is not a registered entity) | | | | | | | | | |
| | (vi) De-merger | (xiii) Persons supplying goods and/or services on behalf of other taxable person(s) | | | | | | | | |
| | (vii) Change in constitution of business | (xiv) C | Others (Not covere | d above) – Specify | | | | | | |
| 15. | 15. Indicate existing registrations wherever applicable | | | | | | | | | |
| Registrat | ion number under Value Added Tax | | | | | | | | | |
| Central S | Sales Tax Registration Number | | | | | | | | | |
| Entry Ta | x Registration Number | | | | | | | | | |
| Entertain | ment Tax Registration Number | | | | | | | | | |
| Hotel and | d Luxury Tax Registration Number | | | | | | | | | |
| Central E | xcise Registration Number | | | | | | | | | |
| Service T | ax Registration Number | | | | | | | | | |
| Corporate Number | e Identify Number/Foreign Company Registration | | | | | | | | | |
| | Liability Partnership Identification Number/Foreign Liability Partnership Identification Number | | | | | | | | | |
| Importer/ | Exporter Code Number | | | | | | | | | |
| | on number under Medicinal and Toilet ons (Excise Duties) Act | | | | | | | | | |
| Registrati | on number under Shops and Establishment Act | | | | | | | | | |
| Temporar | ry ID, if any | | | | | | | | | |
| Others (P | lease specify) | | | | | | | | | |
| 16. (a | a) Address of Principal Place of Business | • | | | | | | | | |
| Building | No./Flat No. | Floor l | No. | | | | | | | |
| Name of t | the Premises/Building | Road/S | Street | | | | | | | |

| City/Tow | City/Town/Locality/Village | | | | | | | District | | | | | | | | | |
|-------------------------|----------------------------|-------------------|----------|------------------|----------|-------|----------|-----------|-------|------|----------|---------|------|--------|---------|--------|-----|
| Taluka/B | Block | | | | | | | | | | | | | | | | |
| State | | | | | | | | PI | V Co | de | | | | | | | |
| Latitude | | | | | | | | Longitude | | | | | | | | | |
| (b) Contact Information | | | | | | | | | | | | | | | | | |
| Office E | mail Address | | | | | | Office ' | Tele | phone | e nu | ımber | STD | | | | | |
| Mobile N | Number | | Office | | | | Office 1 | Fax l | Numb | oer | | STD | | | | | |
| (c) Natur | e of premises | <u> </u> | | | | | | | | | | | | | | | |
| Ov | vn | Lease | ed | | Re | nted | | | Conse | ent | Sl | nared | | О | thers | (speci | fy) |
| (d) Natur | re of business | activity | being o | carrie | d out a | ıt ab | ove me | ention | ned p | rem | ises (Pl | ease ti | ck a | pplic | able) | | |
| Factory / | Manufacturi | ng | | Wł | nolesal | le B | usiness | s 🗆 | | | Retail E | Busines | SS | | | | |
| Warehou | ise/Depot | | | Во | nded V | Ware | ehouse | | | | Supplie | r of se | rvic | es | | | |
| Office/Sa | ale Office | | | Lea | asing l | Busi | ness | | | | Recipie | nt of g | good | s or s | service | es | |
| EOU/ ST | TP/ EHTP | | | Works Contract | | | | | | | Export | | | | | | |
| Import | | | | Others (Specify) | | | | | | | | | | | | | |
| 17. Detai | ls of Bank A | counts (| (s) | | | | | | | | | | | | | | |
| Total nu busines | umber of Ban | k Accou | nts mai | intaine | ed by 1 | the a | applica | nt for | conc | duct | ting | | | | | | |
| (Upto 1 | 0 Bank Acco | unts to b | e repor | ted) | | | | | | | | | | | | | |
| Details o | f Bank Accou | ınt 1 | | | | | | | | | | | | | | | |
| Accoun | t Number | | | | | | | | | | | | | | | | |
| Type of | Account | | | | | | | IFS | SC | | | | | | | | |
| Bank N | ame | | | | | | | | | | | | | | | | |
| Branch | Address | To | be auto | -popu | lated (| Edit | t mode) |) | | | | | | | | | |
| Note - | Add more acc | counts | | | | | | | | | | | | | | | |
| 10 Date | ila of the Coo | da au nn l | ind by | tha Dr | acinos | , | | | | | | | | | | | |
| | ils of the Goo | | led by i | me bu | 18111688 | | | | | | | | | | | | 1 |
| | Please specify top 5 Goods | | | | | | | | | | | | | | | | |
| Sr. No. | ` ` ` ` ` ` ' | | | | | | | | | | | | | | | | |
| (i) | | | | | | | | | | | | | | | | | |
| (ii) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

L

| (v) | | | | | | | | | | | | |
|---|-----------------|--------------|----------|-------|-------------|-------------|-----------|--------------------------------|----------|------|------------------|---|
| | | | | | | | | | | | | |
| | s of Services | | y the B | usir | ness. | | | | | | | |
| | ecify top 5 S | | | | | | | | | | | |
| Sr. No. | Description | of Service | S | | | HSN (| Code (Fo | ur digit) | | | | |
| (i) | | | | | | | | | | | | |
| (ii) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (v) | | | | | | | | | | | | |
| 20. Detail | s of Addition | nal Place(s) | of Bus | sine | SS | | | | | | | |
| Number | of additional | places | | | | | | | | | | |
| | | | | | | | | | | | | |
| Premises 1 | | | | | | | | | | | | |
| | etails of Add | itional Plac | e of Bu | ısin | ess | | T | | | | | |
| | No/Flat No | | | | | | Floor No | | | | | |
| Name of | the Premises | /Building | | | | | Road/S | Road/Street | | | | |
| City/Tow | n/Locality/V | 'illage | | | | | District | - | | | | |
| Block/Ta | luka | | | | | | | | | | | |
| State | | | | | | | PIN Co | Code | | | | |
| Latitude | | | | | | | Longitude | | | | | |
| (b) Conta | act Information | on | | J | | | | | | | | |
| Office Er | mail Address | | | | | Office Tel | lephone r | number | STD | | | |
| Mobile N | lumber | | | | | Office Fax | | | | | | |
| (c) Natur | e of premises | <u> </u> | | | | | | | | | | |
| Own | Lo | eased | | Re | nted | Cons | sent | Shared | d | | Others (specify) |) |
| (d) Natur | e of business | activity b | eing car | rrie | l out at ab | ove mention | ned nrem | ises (Pleas | e tick s | annl | | |
| (d) Nature of business activity being carried out at above mentioned premises (Please tick applicable) Factory / Manufacturing □ Wholesale Business □ Retail Business | | | | | | | | | | | | |
| | se/Depot | пд | | | Bonded W | | | Supplier | | | | |
| | ale Office | | | | | | | | | | | |
| Office/Sa | ue OIIIce | | | | Leasing Bu | ısıness | | Recipient of goods or services | | | OF | |
| EOU/ ST | P/ EHTP | | | 1 | Works Cor | ntract | | Export | | | | |
| Import | | | | | Others (spe | noify) | | | | | | |
| Import | | | | - 1 (| Juiers (Spe | CIIY) | | Ī | | | | I |

| 21. | Details | of | Proprietor/a | 1 Partners | s/Karta/Managing | Directors | and | whole | time | Director/Member | ers (| of |
|-----|----------|----|---------------|------------|-------------------|-----------|-----|-------|------|-----------------|-------|----|
| Mar | naging C | om | mittee of Ass | ociations/ | Board of Trustees | s etc. | | | | | | |

| Particulars | First Name | Middle Name | Last Name | | | | | |
|-------------------------------------|------------|-------------------------------------|---|--|--|--|--|--|
| Name | | | | | | | | |
| Photo | | I | | | | | | |
| Name of Father | | | | | | | | |
| Date of Birth | DD/MM/YYYY | Gender | <male, female,<br="">Other></male,> | | | | | |
| Mobile Number | | Email address | | | | | | |
| Telephone No. with STD | | | | | | | | |
| Designation /Status | | Director Identification I any) | Director Identification Number (if any) | | | | | |
| Permanent Account Number | | Aadhaar Number | Aadhaar Number | | | | | |
| Are you a citizen of India? | Yes / No | Passport No. (in case o foreigners) | 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 | | 1 | | | | | | |
| 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=""></male,> |

| Telephone No. with STD | | | | | | | | | | | | |
|---|-----------|-----------|--------|----------|--|------------------|---------|--------|----------|----------|--|--|
| Designation /Status | | | | | Director Identification Number (if any) | | | | | | | |
| Permanent Account Number | | | | | Aadhaar Number | | | | | | | |
| Are you a citizen of India? | Yes / N | o | | | | port N | No. (in | case o | f | | | |
| Residential Address i | n India | | | | | | | | | | | |
| Building No/Flat No | | | | Floo | or No | | | | | | | |
| Name of the Premises/Building | | | | Roa | d/Stre | et | | | | | | |
| Block/Taluka | | | | | | | | | | | | |
| City/Town/Locality/V | illage | | | Dist | trict | | | | | | | |
| State | | | | PIN | Code | | | | | | | |
| 23. Details of Authorised I | Represen | tative | | | | | | | | | | |
| Enrolment ID, if available | | | | | | | | | | | | |
| Provide following details, | if enroli | nent ID i | is not | availab | ole | | | | | | | |
| Permanent Account Number | | | | | | | | | | | | |
| Aadhaar, if Permanent Account Number is not available | | | | | | | | | | | | |
| | Firs | t Name | | Midd | ile Na | me | | Last | Name | | | |
| Name of Person | | | | | | | | | | | | |
| Designation / Status | | | | <u> </u> | | | | | | | | |
| Mobile Number | | | | | | | | | | | | |
| Email address | | I | 1 | | 1 | 1 | | 1 | <u>I</u> | <u> </u> | | |
| Telephone No. with STD | | | | | FAX | FAX No. with STD | | | | | | |

Email address

24. State Specific Information

Mobile Number

Profession Tax Enrolment Code (EC) No.

Profession Tax Registration Certificate (RC) No.

| | State Excise Licer is held | nse No. and the name of the person in whose name Excise License |
|---------------------|---|--|
| | (a) Field 1 (b) Field 2 (c) (d) (e) Field n | |
| | · · | ments required to be uploaded (refer rule 8) as per the field values in the |
| fori pur info | n behalf of the holder m> give consent to "C pose of authenticatio ormation would only be | of Aadhaar number <pre-filled "goods="" aadhaar="" and="" authentication.<="" based="" be="" details="" e="" epository="" for="" from="" goods="" has="" holder="" identity="" in="" informed="" me="" my="" n.="" network"="" number="" obtain="" of="" on="" only="" provided="" purpose="" services="" shared="" tax="" td="" that="" the="" to="" uidai="" used="" validating="" will="" with=""></pre-filled> |
| 27. Veri | ification (by authorised | signatory) |
| | | and declare that the information given herein above is true and correct to and belief and nothing has been concealed therefrom |
| | | Signature |
| Pla | ce: | Name of Authorised Signatory |

Designation/Status.....

Date:

List of documents to be uploaded:-

| 1. | Photographs (wherever specified in the Application Form) (a) Proprietary Concern – Proprietor (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) (c) Hindu Undivided Family – Karta (d) Company – Managing Director or the Authorised Person (e) Trust – Managing Trustee (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) (g) Local Authority – Chief Executive Officer or his equivalent (h) Statutory Body – Chief Executive Officer or his equivalent (i) Others – Person in Charge |
|----|---|
| 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 Persons or Body of Individuals, Local Authority, Statutory Body and Others etc. |
| 3. | 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 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. |
| 4 | 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. |
| 5 | 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) (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

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.

Signature of Authorised (Name)

Signatory Place:

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 |
|--------|--|--|
| 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.

[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 | | | | |

[See rule 9(2)]

| Reference Number: | Date- | |
|---|--|------|
| То | | |
| Name of the Applicant: | | |
| Address: | | |
| GSTIN (if available): | | |
| Application Reference No. (ARN): | Date: | |
| e e e e e e e e e e e e e e e e e e e | Information / Clarification / Documents Registration/Amendment/Cancellation >> | |
| | ndment/cancellation>> application filed vide ARN < > Dayour application and is not satisfied with it for the following | |
| ☐ You are directed to submit your reply by ☐ *You are hereby directed to appear before (HH:MM) | (DD/MM/YYYY) re the undersigned on (DD/MM/YYYY) at | •••• |
| If no response is received by the stipulate no further notice / reminder will be issued in this r | d date, your application is liable for rejection. Please note thatter | hat |
| | Signature | |
| | Name of the Proper Officer: | |
| | Designation: | |
| | Jurisdiction: | |
| | | |

 $* \ Not \ applicable \ for \ New \ Registration \ Application$

[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 | | 1 | | | | | |
| 4. | Name of Business (Legal) | | | | | | | |
| 5. | Trade name, if any | | | | | | | |
| 6. | Address | | | | | | | |
| 7. | Whether any modification | modification in the application for registration or fields is required Yes | | | | | | |
| | | | | | No 🗆 | | | |
| | | | | | (Tick one) | | | |
| 8. | Additional Information | | | | | | | |
| 9. | List of Documents uploaded | | | | | | | |
| 10. | Verification | | | | | | | |
| | 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. | | | | | | | |
| | | | | | | | | |
| | Signature of Authorised Signatory | | | | | | | |
| | Name | | | | | | | |
| | Designation/Status: | | | | | | | |
| | Place: | | | | | | | |
| | Date: | | | | | | | |

Note:-

- 1. For new registration, original registration application will be available in editable mode if option 'Yes' is selected in item 7.
- $2. For \ amendment \ of \ registration \ particulars, \ the \ fields \ intended \ to \ be \ amended \ will \ be \ available \ in \ editable \ mode \ if option \ `Yes' \ is \ selected \ in \ item \ 7.$

[See rule 9(4)]

| Reference Number: | Date- |
|-----------------------|-------|
| m. | |
| 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



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 | From | DD/MM/YYYY | То | DD/MM/YYYY |
| | (Applicable only in case of Non-Resident taxable person or Casual taxable person) | | | | |
| 7. | Type of Registration | | | • | |
| 8. | Particulars of Approving Au | ithority | | | |
| Centre | | | State | | |
| | | Si | gnature | | |
| Name | | | | | |
| Designation | | | | | |
| Office | | | | | |
| 9. Date of issue of Certificate | | | | | |
| Note: | The registration certificate is | required to be promir | nently displayed at all places of l | business in | the State. |

Annexure A



Legal Name

Trade Name, if any

Total Number of Additional Places of Business in the State

Sr. No. Address

1

2

3

. . .



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. | | Name |
|----|-------|--------------------|
| | Photo | Designation/Status |
| | | Resident of State |
| | | |
| 2. | | Name |
| | Photo | Designation/Status |
| | | Resident of State |
| | | |
| 3. | | Name |
| | Photo | Designation/Status |
| | | Resident of State |
| | | |
| 4. | | Name |
| | Photo | Designation/Status |
| | | Resident of State |
| L | | |
| 5. | | Name |
| | Photo | Designation/Status |
| | | Resident of State |
| 6. | | Name |
| | Photo | Designation/Status |
| | | Resident of State |
| 7. | | Name |
| | Photo | Designation/Status |
| | | Resident of State |
| 8. | Photo | Name |

| | | Designation/Status |
|-----|-------|--------------------|
| | | Resident of State |
| 9. | | Name |
| | Photo | Designation/Status |
| | | Resident of State |
| 10. | | Name |
| | Photo | Designation/Status |
| | | Resident of State |
| | | |

[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) | Peri | Permanent Account Number | | | | | | |
| | | Enter Permanent Account Number of the Business; Permanent Account Number of ndividual in case of Proprietorship concern) | | | | | | |
| (iii) | Tax | Tax Deduction and Collection Account Number | | | | | | |
| | | ter Tax Deduction and Collec available) | tion Ac | count Number, if Perm | anent Accou | unt Number is | | |
| (iv) | Ema | nil Address | | | | | | |
| (v) | Mol | pile Number | | | | | | |
| Note - | Infor | mation submitted above is sub | ject to | online verification befo | re proceedir | ng to fill up Part-B. | | |
| | | | | Part –B | | | | |
| 1 | Trac | le Name, if any | | | | | | |
| 2 | Con | stitution of Business (Please S | Select tl | he Appropriate) | | | | |
| (i) Pro | prieto | rship | | (ii) Partnership | | | | |
| (iii) Hi | indu U | Individed Family | | (iv) Private Limited | Company | | | |
| (v) Pul | blic L | imited Company | | (vi) Society/Club/Tru | st/Association | on of Persons | | |
| (vii) G | overn | ment Department | | (viii) Public Sector U | ndertaking | | | |
| (ix) Uı | nlimit | ed Company | | (x) Limited Liability Partnership | | | | |
| (xi) Lo | ocal A | uthority | | (xii) Statutory Body | | | | |
| (xiii) F Partne | | n Limited Liability | | (xiv) Foreign Compa | ny Registere | ed (in India) | | |
| | | (Please specify) | | | | | | |
| 3 | Nan | ne of the State | | | District | | | |
| 4 | Juri | sdiction - | State | | | Centre | | |
| | | | Sectoretc. | or /Circle/ Ward /Cha | rge/Unit | | | |
| 5 | Type of registration | | | Tax Deduc | ctor Tax Collecto | or O | | |
| 6. | Gov | ernment (Centre / State/Union | n Territ | ory) | Center | State/U | ГО | |
| 7. | | Date of liability to deduct/co | llect ta | x DD/MM/YYYY | • | | | |
| 8. | | (a) Address of principal plac | e of bu | siness | | | | |

| Name of the Premises/Building | Building No./Flat No. | | | | Floor No. | | |
|--|--------------------------------------|---------------------|---|-------------------|---------------------|-----------------|-------------------------------------|
| Block/Taluka Latitude State PIN Code FIN Code Consent Information Office Email Address Mobile 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? 10 If Yes, mention Goods and Services Tax Identification Number 11 EEC (Importer Exporter Code), if applicable 12 Details of DDO (Drawing and Disbursing Officer) / Person responsible for deducting tax/collecting tax Particulars Name First Name First | Name of the | Premises/Buildi | ng | | Road/Street | | |
| State Constant Information Coffice Email Address Office Telephone number Office Fax Number Offic | City/Town | /Locality/Villag | ge | | District | | |
| State | Block/Taluk | ка | | | | | |
| (b) Contact Information Office Email Address 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 Serivces Tax in the same State? 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) | Latitude | | | | Longitude | | |
| Office Email Address Office Fax Number | State | | | | PIN Code | | |
| Mobile 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? 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 Photo Date of Birth DDD/MM/YYYY Gender Address Telephone No. with STD Designation /Status Director Identification Number Aadhaar Number Are you a citizen of India? Yes / No Passport No. (in case of Foreigners) Residential Address | . , | | | | | | |
| Nature of possession of premises Own Leased Rented Consent Shared Others(specify) | | | | | | | |
| No | Mobile Nun | nber | | Office Fax N | lumber | | |
| 9. Have you obtained any other registrations under Goods and Serivces Tax in the same State? 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 | (c) | Nature of posse | | | | | |
| registrations under Goods and Services Tax in the same State? 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 | | | | | | | Others(specify) |
| Tax Identification Number Tax Identification Number | 9. | registrations un | der Goods and Serivces | | Yes | No | |
| applicable | 10 | | | | | | |
| Particulars Name First Name Father's Name Date of Birth DD/MM/YYYY Gender Address Director Identification Number (if any) Permanent Account Number Are you a citizen of India? Pirst Name Middle Name Last Name Addle Same Addle Same Last Name Addle Same Ad | 11 | | Exporter Code), if | | | | |
| 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 | 12 | Details of DDO | (Drawing and Disbursin | g Officer) / Per | rson responsible fo | or deducting ta | x/collecting tax |
| Father's Name Photo Date of Birth DD/MM/YYYY Gender Address Email address Email address Director Identification Number (if any) Permanent Account Number Are you a citizen of India? Residential Address | Particulars | | | | | | |
| Photo Date of Birth DD/MM/YYYY Gender Smale, Female, Other> Mobile Number Email address Telephone No. with STD Designation /Status Director Identification Number (if any) Permanent Account Number Are you a citizen of India? Yes / No Passport No. (in case of Foreigners) Residential Address | Name | | First Name | | Middle Name | | Last Name |
| Date of Birth DD/MM/YYYY Gender <male, female,="" other=""> Mobile Number Email address Telephone No. with STD Director Identification Number (if any) 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</male,> | Father's Na | me | | | | | |
| Mobile Number Email address Telephone No. with STD Designation /Status Director Identification Number (if any) Permanent Account Number Are you a citizen of India? Yes / No Passport No. (in case of Foreigners) Residential Address | Photo | | | | | | |
| Telephone No. with STD Designation /Status Director Identification Number (if any) Permanent Account Number Are you a citizen of India? Yes / No Passport No. (in case of Foreigners) Residential Address | Date of Birt | h | DD/MM/YY | YY | Gender | | <male, female,="" other=""></male,> |
| Designation /Status Director Identification Number (if any) Permanent Account Number Are you a citizen of India? Yes / No Passport No. (in case of Foreigners) Residential Address | Mobile Nun | nber | | | | | |
| Permanent Account Number Are you a citizen of India? Yes / No Passport No. (in case of Foreigners) Residential Address | Telephone N | No. with STD | | | 1 | | |
| Are you a citizen of India? Yes / No Passport No. (in case of Foreigners) Residential Address | Designation /Status | | Director Identification Number (if any) | | | | |
| Residential Address | Permanent Account Number | | Aadhaar Number | | | | |
| | Are you a citizen of India? Yes / No | | Passport No. | (in case of Forei | gners) | | |
| Building No/Flat No Floor No | Residential | Residential Address | | | | | |
| | Building No | /Flat No | | Floor No | | | |

| Name of the Premises/Building | | Loca | Locality/Village | | | | | | | |
|-------------------------------|---|---|------------------------------|---|---|--------------------------|--------------------|-----------------|------------------|---------------|
| State | PIN Code | | | | | | | | | |
| | Authorised Sign Primary Author matory No. 1 | | | | | - | | | | |
| Particulars | - | First Name | Middle N | ame | Last Name | e | | | | |
| Name | | | | | | | | | | |
| Photo | | | | | | | | | | |
| Name of Fat | ther | | | | | | | | | |
| Date of Birth | h | DD/MM/YYYY | Gender | | <male, fer<="" td=""><td>male, Othe</td><td>r></td><td></td><td></td><td></td></male,> | male, Othe | r> | | | |
| Mobile Num | nber | | Email add | dress | | | | | | |
| Telephone N | No. with STD | | | | <u> </u> | | | | | |
| Designation | /Status | | | Director Identifica Number (if any) | ition | | | | | |
| Permanent A Number | Account | | | Aadhaar Number | Aadhaar Number | | | | | |
| Are you a ci | tizen of India? | Yes / No | | Passport No. (in c foreigners) | assport No. (in case of oreigners) | | | | | |
| Residential | Address (Within | n the Country) | | | | | | | | |
| Building N | o/Flat No | | | Floor No | | | | | | |
| Name of th | e Premises/Build | ling | Road/Street | | | | | | | |
| City/Town | n/Locality/Villa | ige | District | | | | | | | |
| State | | | | PIN Code | | | | | | T |
| Block/Talu | ka | | | | | | | <u> </u> | | |
| Note – Add m | nore | <u>.</u> | | | | • | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 14. | Consent | | | | | | | | | |
| i i | to "Goods and S and Services Tax | ervices Tax Netwo : Network" has inf | rk" to obtain ormed me th | re-filled based on Aad n my details from UIL at identity informatio tral Identities Data R | DAI for the pun n would only | rpose of a be used fo | uthenti r valid | cation ating | ı. "Go identi | oods ty of |

| 15. | | Verification The semal of the information given herein above is true and correct to the best of my and belief and nothing has been concealed therefrom | |
|-----|--------|---|--|
| | | (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 | Digital Signature Certificate(DSC) class 2 and above |
| | Public Limited Company | |
| | Public Sector Undertaking | |
| | Unlimited Company | |
| | Limited Liability Partnership | |
| | Foreign Company | |
| | Foreign Limited Liability Partnership | |
| 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.

[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 Colle | |
| This has reference to the show-cause notice issued vide Reference Number dated 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 examined. The undersigned is of the opinion that your registration is liable to be cancereason(s). | e of hearing have been |
| 2. The effective date of cancellation of registration is <<dd mm="" yyyy="">>.</dd> | |

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

[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 Designation Date of Birth Father's Name Nationality | | Male / Female / Others | | | |
| | | | | | | |
| | | | DD/MM/YYYY | | | |
| | | | | | | |
| | | | | | | |
| | Aadhaar | | | | | |
| | Address of the Authorised sign | natory. | Address line 1 Address Line 2 | | | |
| | | | | | | |
| | | | Address line 3 | | | |
| 2. | Period for which registration is required | From | То | | | |
| | | DD/MM/YYYY | DD/MM/Y | YYY | | |

| 3 | | Estimated Tu | ırnover (Rs.) | ever (Rs.) Estimated Tax Liability (Net) (R | | et) (Rs.) | | | | | |
|---|--|------------------|-------------------|---|--------------|---------------|------------------|-------|--|--|--|
| | Turnover Details | Intra- State | Inter –State | Central Tax | State Tax | UT Tax | Integrated Tax | Cess | | | |
| | Address of Non-Resident taxab | ala nargan in th | o Country of Or | ioin | | | | | | | |
| | (In case of business entity - Ad | | | igiii | | | | | | | |
| | Address Line 1 | dress of the O | ince) | | | | | | | | |
| | Addices Line 1 | | | | | | | | | | |
| | Address Line 2 | Address Line 2 | | | | | | | | | |
| 4 | Address Line 3 | | | | | | | | | | |
| | Country (Drop Down) | | | | | | | | | | |
| | Zip Code | | | | | | | | | | |
| | E mail Address | | | | | | | | | | |
| | Telephone Number | | | | | | | | | | |
| | Address of Principal Place of E | ia | | | | | | | | | |
| | Building No./Flat No. | Floor No. | Floor No. | | | | | | | | |
| | Name of the Premises/Building | Road/Stre | Road/Street | | | | | | | | |
| | City/Town/Village/Locality | District | District | | | | | | | | |
| 5 | Block/Taluka | | | | | | | | | | |
| | Latitude | Longitude | Longitude | | | | | | | | |
| | State | | PIN Code | PIN Code | | | | | | | |
| | Mobile Number | | Telephone | Numbe | r | | | | | | |
| | E mail Address | | Fax Numb | Fax Number with STD | | | | | | | |
| | Details of Bank Account in Inc | lia | • | | | | | | | | |
| | Account | | Type of a | Type of account | | | | | | | |
| 6 | Number | | Type of a | count | | | | | | | |
| | Bank Name | Branch Add | dress | | | | IFSC | | | | |
| | Documents Uploaded | | | | | | | | | | |
| 7 | A customized list of documents | required to be | e uploaded (refer | Instruct | ion) as p | per the field | values in the fo | rm | | | |
| | 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. | | | | | | | | | | |
| 8 | | | | | | | Signa | ature | | | |
| | Place: | | | | | Name of Au | thorised Signat | ory | | | |
| | Date: | | | | | Designation | | | | | |

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:-**

| | aments to be uploaded as critical as follows |
|----|--|
| 1. | 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. |
| 2. | Proof of Non-resident taxable person: 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 its Permanent Account Number, if available. |
| 3 | 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. |
| 4 | 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) (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 (status="" authorised="" designation)="" of="" signatory,="" the="">> 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> |
| | Name: |
| | Designation/Status: |
| | (Name of the proprietor/Business Entity) |
| | Acceptance as an authorised signatory 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 |
| | Place: |
| | Date: Designation/Status: |
| | |

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.

[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. | 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 th | e 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 | | | | |
| | Details of Bank Account | | | | | | |
| 5 | Account Number | | | Type of account | | | |
| | Bank Name | | Branch Address | | | IFSC | |
| 6 | Documents Uploaded A customized list of documents required to be uploaded (refer Instruction) as per the field values in the form | | | | | | |
| 7 | 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. 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. Signature | | | | | | |
| | Place: | | | Name of A | Authorised Sign | natory: | |
| | 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 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: Declaration for Authorised Signatory (Separate for each signatory) 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__. All his actions in relation to this business will be binding on me/ us. Signatures of the persons who is in charge. S. No. Full Name Designation/Status Signature 1. Acceptance as an authorised signatory 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. Signature of Authorised Signatory Place (Name) Date: Designation/Status

[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 (o | riginal) | Fro | m | | То | | |
| | | | DD/MM/ | YYYY | D | DD/MM/YYYY | | |
| 6. | Period for which exte | ension is requested. | Fro | m | То | | | |
| | | | DD/MM/ | YYYY | D | D/MM/YYY | Y | |
| 7. | Turnover Details for the extended period (Rs.) | | Estimated T (Rs.) | ax Liabilit | y (Net) fo | r the extend | ed period | |
| | Inter- State | Intra-State | Central Tax | State Tax | UT Tax | Integrated Tax | Cess | |
| | | | | | | | | |
| 8. | Payment details | | | | | | | |
| | Date | CIN | BRN | | Amount | | | |
| | | | | | | | | |
| 9. | 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. | | | | | | | |
| | Signature | | | | | | | |
| Place | e: | | Name of | of Authorise | ed Signator | y: | | |
| Date | | | | | | | | |

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.

[See rule 16(1)]

| Reference Number - | Date: |
|-------------------------------|-------|
| То | |
| (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 re | gistration granted |
|-----|---|---|--------------------|
| 1. | Name and Leg | al 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. | available | ccount Number of the person, if | |
| 7. | Mobile No. | | |
| 8. | Email Address | | |
| 9. | Other ID, if an (Voter ID No Aadhaar No./ O | ./ Passport No./Driving License No./ | |
| 10. | Reasons for ter | mporary registration | |

| 11. | Effective date of registration / temporary ID | |
|----------------------------------|--|--|
| 12. | Registration No. / Temporary ID | |
| (Upload | d of Seizure Memo / Detention Memo / Any other supporting | ng documents) |
| < <you order>></you | are hereby directed to file application for proper registrat | tion within 30 days of the issue of this |
| | | Signature |
| Place | << | < Name of the Officer>>: |
| Date: | D | Designation/ Jurisdiction: |
| Not | te: A copy of the order will be sent to the corresponding Ce | entral/ State Jurisdictional Authority. |
| | | |

[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 | | | | | |

| | TARLE | | | | | | | |
|----|--|------------|------------------|-------------------------------------|--|--|--|--|
| 1. | Type of Entity (Choose one) | UN Body | Embassy Other Pe | erson | | | | |
| 2. | Country | <u> </u> | | | | | | |
| 3. | Notification Details | | Notification No. | Date | | | | |
| 4. | Address of the entity in Sta | ite | | <u>I</u> | | | | |
| | Building No./Flat No. | | Floor No. | | | | | |
| | Name of the Premises/Build | ing | 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=""></male,> | | | | |
| | 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 | .1 | | | | | | | |
| | Building No/Flat No | | Floor No | | | | | | |
| | Name of the Premises/Building | | Road/Street | | | | | | |
| | Town/City/Village | | District | | | | | | |
| | Block/Taluka | | | | | | | | |
| | State | | PIN Code | | | | | T | |
| 8 | Bank Account Details (add m | ore if required) | | | <u> </u> | | | | 1 |
| | Account Number | | Type of Account | | | | | | |
| | IFSC | | Bank Name | | | | | | |
| | Branch Address | | | | | | | | |
| 9. | Documents Uploaded | <u>.I</u> | | | | | | | |
| | | uch documents includin | cumentary evidence (<u>other than</u> UN Leg the copy of resolution / power of | | | | | | |
| | Or | | | | | | | | |
| | 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. | | | | | | | | |
| 11. | Verification | | | | | | | | |
| | I hereby solemnly affirm and knowledge and belief and noth | | ation given herein above is true and therefrom. | correc | et to | o the | bes | st of | ^c my |
| L | Place: | | (Signat | ure) | | | | | |
| | Date: Name of Authorised Person: | | | | | | | | |
| | | Or | | | | | | | |
| | | | (Sign | nature) | | | | | |
| | Place: Date: | | Name of Proper Offic Designation: Jurisdiction: | er: | | | | | |

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.

[See rule 19(1)]

Application for Amendment in Registration Particulars (For all types of registered persons)

| 1. GSTIN | /UIN | | | | | | | |
|----------------------|--|------------------|--------|--------|---------------------------|--|--|--|
| | of Business | | | | | | | |
| 3. Type of | registration | | | | | | | |
| 4. Amendment summary | | | | | | | | |
| G N | F: 1137 | TICC .: | D : | T | | | | |
| Sr. No | Field Name | Effective (DD/MM | | | Reasons(s) | | | |
| | | (DD/WIW | /1111) | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 5. List of | documents uploaded | | | | | | | |
| (a) | | | | | | | | |
| (b) | | | | | | | | |
| (c) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 6. Declar | | | | | | | | |
| | olemnly affirm and declare that w wledge and belief and nothing h | | | | e and correct to the best | | | |
| | | | | | Signature | | | |
| | Place: | | | Name | of Authorised Signatory | | | |
| | Date: | | | | | | | |
| | Date: | | | Design | nation / Status: | | | |
| | | | | | | | | |
| | | | | | | | | |

<u>Instructions for submission of application for amendment</u>

- 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.

[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

[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 | Building No./ Flat No. | | Floor No. | |
| | correspondence (including email, mobile telephone, | Name of Premises/ Building | | Road/ Street | |
| | fax) | 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) | Discontinuance /Closure of butonessed to be liable to pay tax Transfer of business on accommand a management of sale, lease or otherwise dispetc. Change in constitution of leading to change in Performance of Death of Sole Proprietor Others (specify) | | | |
| 7. | In case of transfer, metc. | nerger of business, particulars of regi | stration of entity is | n which merged, amalga | mated, transferred, |
| (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. | |
| | 1 face of Busiliess | Name of Premises/ Building | | Road/ Street | |
| | | City/Town/ Village | | District | |
| | | Block/Taluka | | | |

| | | Latitude | | | | Longitude | | | |
|-------|--|--|--|----------------|----------------------|-------------------------|-------------------|-----------------|--|
| | | State | | | PIN Code | | | | |
| | | Mobile (with country | code) | | Telephone | | | | |
| | | email | | | | | | | |
| 8. | Date from which registration is to be cancelled. | | <dd n<="" td=""><td>MM/YYY</td><td>Y></td><td></td><td></td></dd> | MM/YYY | Y> | | | | |
| 9 | Particulars of last Re | turn Filed | | | | | | | |
| (i) | Tax period | | | | | | | | |
| (ii) | Application Reference | e Number | | | | | | | |
| (iii) | Date | | | | J :41 | 1 41£C | -4: A-4£ | 11-4: | |
| 10. | registration. | ayable in respect of in | puts/capitai | goods nei | d in stoci | K on the effec | ctive date of | cancellation of | |
| | Do | a wintion | Value of | | Input Ta higher) | ax Credit/ Tax (Rs.) | Payable (which | chever is | |
| | De | scription | Stock (Rs.) | Central Tax | State Tax | UT Tax | Integrated Tax | Cess | |
| | Inputs | | | | | | | | |
| | | n semi-finished goods | | | | | | | |
| | Inputs contained i | | | | | | | | |
| | Capital Goods/Pla Total | int and machinery | | | | | | | |
| 11. | Details of tax paid | Lifany | | | | | | | |
| | Details of tax pare | <u>, 11 uiry</u> | Paymen | t from Cash | Ledger | | | | |
| | Sr. No. | Debit Entry No. | Central Tax | State | Tax | UT Tax | Integrated Tax | Cess | |
| | 1. | | | | | | | | |
| | 2. | | | | | | | | |
| | | Sub-Total | | | | | | | |
| | | • | Paymen | t from ITC | from ITC Ledger | | | | |
| | Sr. No. | Debit Entry No. | Central Tax | State | Tax | UT Tax | Integrated Tax | Cess | |
| | 1. | | | · | | | | | |
| | 2. | | | | | | | | |
| | | Sub-Total | | | | | | | |
| | Total Amount of | Γax Paid | | | | | | | |
| 12. E | Documents uploaded | | | | | | | | |
| 13. V | erification | | | | | | | | |
| | | ffirm and declare that the othing has been concealed | | | ein above | is true and con | rrect to the bes | st of my/our | |
| | | | | | Signatur | e of Authorise | d Signatory | | |
| Place | | | | Name | of the Au | thorised Signa | tory | | |
| Date | | | | Design | 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.

[See rule 22(1)]

| Reference No | << Date >> |
|--|---|
| To Registration Number (GSTIN/UIN) (Name) (Address) | |
| Show Cause Notice for Cancellation Whereas on the basis of information which has come to my liable to be cancelled for the following reasons: -1 2 3 | _ |
| \Box You are hereby directed to furnish a reply to this notice of service of this notice . | e within seven working days from the date |
| ☐ You are hereby directed to appear before the undersigned If you fail to furnish a reply within the stipulated date or fappointed date and time, the case will be decided exparted merits | fail to appear for personal hearing on the |
| Place: Date: | |
| | Signature < Name of the Officer> Designation Jurisdiction |

[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. | Verification | , | | |
| | I the information given hereinal and nothing has been conceale | pove is true and corn d therefrom. | | ly affirm and declare that my knowledge and belief |
| | | | Signature of A | authorised Signatory |
| | | | Nar | me |
| | | | Designat | cion/Status |
| | Place | | | |
| | Date | | | |

[See rule 22(3)]

| Reference No To | 0 | | | Date | |
|--------------------|---------------------------|---------------------|--------------------|---------------------------|--------------------|
| Name | | | | | |
| Address | | | | | |
| GSTIN / UIN | N | | | | |
| OSTIN/ OII | • | | | | |
| Application | Reference No. (AR | N) | I | Date | |
| | Oı | der for Cancel | lation of Regist | tration | |
| This has ref | ference to your reply | dated in resp | onse to the notice | e to show cause dated | · |
| | as no reply to notice | | | ; or | |
| ☐ Wherea | as on the day fixed f | or hearing you di | d not appear; or | | |
| Where: | as the undersigned h | nas examined you | r reply and subm | nissions made at the tim | e of hearing, |
| and is of the | e opinion that your r | egistration is liab | le to be cancelled | for following reason(s) |). |
| 1. | | | | | |
| 2. | | | | | |
| | ve date of cancellation | | | M/YYYY >>. | |
| | <u>tion of amount pay</u> | | | | |
| ~ . | | • • | • | basis thereof is as follo | |
| | | | | rejudice to any amount | that may be |
| | payable by you on s | | | | |
| | | • | | (date) failing which | |
| will be reco | vered in accordance | with the provision | ons of the Act and | I rules made thereunder | • |
| ** 1 | G . 1 m | G | T TO TO | | T |
| Head | Central Tax | State Tax | UT Tax | Integrated Tax | Cess |
| Tax | | | | | |
| Interest | | | | | |
| Penalty | | | | | |
| Others | | | | | |
| Total | | | | | |
| | | | | | |
| Dlagge | | | | | |
| Place: | | | | Q: | atuma |
| Date: | | | | <u> </u> | ature the Officer> |
| | | | | < maine of | |
| | | | | | Designation |

Jurisdiction

[See rule 22(4)]
Date

Reference No. 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:

[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 bus | siness) | | | | | | |
| 5. | Cancellation Order No |). | | | Date - | | | |
| 6 | Reason for cancellation | n | | | | | | |
| 7 | Details of last return filed | | | | | | | |
| | Period of Return | | | Application Reference Number | | Date of filing | ng | DD/MM/YYYY |
| 8 | Reasons for revocation cancellation | n of | Re | asons in brief. (Deta | iled reaso | oning can be | filed as | an attachment) |
| 9 | Upload Documents | | | | | | | |
| 10. | Verification | | | | | | | |
| | I hereby solemnly affi my knowledge and be | | | | | above is tru | e and co | orrect to the best of |
| | Signature of Authorised Signatory Full Name (first name, middle, surname) Designation/Status | | | | | | | |
| | Place | | | | | | | 2 |
| | Date | | | | | | | |

$Instructions \ for \ submission \ of \ application \ for \ revocation \ of \ cancellation \ of \ registration$

- 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.

[See rule 23(2] Date

To

GSTIN / UIN (Name of Taxpayer) (Address)

Reference No. -

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

[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 | or revocation of cancellation of registration |
| This has reference to your application dated DD/MN registration. Your application has been examined and the sa 1. 2. 3. | |
| \Box You are hereby directed to furnish a reply to this notic of this notice. | ce within seven working days from the date of service |
| ☐ You are hereby directed to appear before the undersignal If you fail to furnish a reply within the stipulated day or you date and time, the case will be decided exparte on the basis | ou fail to appear for personal hearing on the appointed |

[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. | Verification | | |
| | the information given hereinabo and nothing has been concealed | | affirm and declare that ur knowledge and belief |
| | | Signature | of Authorised Signatory |
| | | | Name |
| | Place | | |
| | | De | signation/Status |
| | Date | | |



[See rule 24(1)]

Certificate of Provisional Registration

| 1. | Provision | nal ID | | | |
|------|-------------------|--|-----------------------|------------------|-----------------|
| 2. | Permane Number | nt Account | | | |
| | Number | | | | |
| 3. | Legal Na | ame | | | |
| 4. | Trade Na | ame | | | |
| 5. | Registrat | tion Details ur | nder Existing Law | | |
| | | F | Act | Registration Nur | nber |
| (a) | | | | | |
| (b) | | | | | |
| (c) | | | | | |
| Date | | <date cre<="" of="" td=""><td>ation of Certificate></td><td>Place</td><td><state></state></td></date> | ation of Certificate> | Place | <state></state> |

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

[See rule 24(2)]

| | Application for Enrolment of Existing Taxpayer | | | | |
|-------------------------|---|------------------------|---------------------|----------------------|--|
| Taxpay | er Details | | | | |
| 1. Prov | visional ID | | | | |
| | l Name (As per Permanent at Number) | | | | |
| 3. Lega | l Name (As per State/Center) | | | | |
| 4. Trad | le Name, if any | | | | |
| 5. Perm Busines | nanent Account Number of | | | | |
| 6. Cons | stitution | | | | |
| 7. State | : | | | | |
| 7A Sectoral application | tor, Circle, Ward, etc. as ble | | | | |
| 7B. Cer | nter Jurisdiction | | | | |
| 8. Reas Registra | on of liability to obtain ation | Registration under ear | lier law | | |
| 9. Exist | ting Registrations | | | | |
| Sr. No. | Type of Registration | | Registration Number | Date of Registration | |
| 1 | TIN Under Value Added | Tax | | | |
| 2 | Central Sales Tax Registr | ration Number | | | |
| 3 | Entry Tax Registration N | umber | | | |
| 4 | Entertainment Tax Regist | tration Number | | | |
| 5 | Hotel And Luxury Tax R | egistration Number | | | |
| 6 | Central Excise Registration | on Number | | | |
| 7 | Service Tax Registration | Number | | | |
| 8 | Corporate Identify Numb Registration | er/Foreign Company | | | |
| 9 | Limited Liability Partners Number/Foreign Limited Identification Number | | | | |
| 10 | Import/Exporter Code Nu | ımber | | | |
| 11 | Registration Under Duty Medicinal And Toiletry | | | | |
| 12 | Others (Please specify) | | | | |
| | | | | | |

| 10. Details of | Principal Place of B | usiness | | | | | | | |
|----------------|-----------------------|---------------|-----------|-------------|-------------------------|-------|------------------|------------|-----------|
| Building No. / | Flat No. | | | | Floor No | | | | |
| Name of the P | remises/Building | | | Road/Street | | | | | |
| Locality/Villa | ge | | | | District | | | | |
| State | | | | | PIN Code | | | | |
| Latitude | | | | | Longitude | | | | |
| Contact Inform | nation | I | | | | | l . | | |
| Office Email A | Address | | | | Office-Telephone Nur | nber | | | |
| Mobile Numb | er | | | | Office Fax No | | | | |
| 10A. Nature o | f Possession of Pren | nises | (Own; l | Leased | l; Rented; Consent; Sha | red) | | | |
| 10B. Nature o | f Business Activities | being carri | ed out | | | | | | |
| Factory / Man | ufacturing O | Wholesale | Busines | s O | Retail Business | War | rehouse/ | Depot | 0 |
| Bonded Warel | house | Service Pr | ovision | 0 | Office/Sale Office | Leas | sing Bus | iness | 0 |
| Service Recipi | ient | EOU/ STF | P/ EHTP | 0 | SEZ | Inpu | ıt Servic | e Distribu | tor (ISD) |
| Works Contra | ct | Others (Sp | ecify) | 0 | | | | | |
| 11. Details of | Additional Places of | Business | | | l | | | | |
| Building No/F | lat No | | | | Floor No | | | | |
| Name of the P | remises/Building | | | | Road/Street | | | | |
| Locality/Villa | ge | | | | District | | | | |
| State | | | | | PIN Code | | | | |
| Latitude (Opti | onal) | | | | Longitude(Optional) | | | | |
| Contact Inform | nation | | | | I | | I | | |
| Office Email A | Address | | | Offic | ce Telephone Number | | | | |
| Mobile Numb | er | | | Offic | ce Fax No | | | | |
| 11A.Nature of | Possession of Prem | ises | (Own; | Lease | ed; Rented; Consent; Sh | ared) | | | |
| 11B.Nature of | Business Activities | being carrie | ed out | | | | | | |
| Factory / Man | ufacturing | Wholesale | Busines | s | Retail Business | War | rehouse/l | Depot | 0 |
| Bonded Warel | house | Service Pr | ovision | \bigcirc | Office/Sale Office Lea | | Leasing Business | | |
| Service Recipi | ient O | EOU/ STF | P/ EHTP | \bigcirc | SEZ | Inpu | ıt Servic | e Distribu | tor (ISD) |
| Works Contra | ct | Others (S | Specify) | Ö | | | | | |
| Add More | | 1 | | | 1 | 1 | | | |
| 12. Details of | Goods/ Services sup | oplied by the | e Busines | SS | | | | | |
| Sr. No. | Description of Goo | ds | | | | | HSN C | Code | |
| | | | | | | | | | |

| Sr. No. | Description of Serv | iption of Services I | | | | HSN Code | | | | | |
|--------------------------------|--|--|-------------------|---|--------------|-------------------------------------|-----------------------|---|-----------------|-------|-------------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 13. Total Bar | nk Accounts maintain | ed by y | ou for conduc | cting E | Business | | | • | | | |
| Sr. No. | Account Number | Type | of Account | IFSC | C | Ba | ank Nam | e | Bran | nch A | ddress |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | of Proprietor/all Pa f Associations/Board | | | ng Di | irectors and | l w | hole tim | ne Dire | ector/Mo | embe | rs of Managing |
| Name | | <firs< td=""><td>t Name></td><td><mi< td=""><td>ddle Name</td><td>></td><td></td><td><last< td=""><td>Name></td><td>></td><td><photo></photo></td></last<></td></mi<></td></firs<> | t Name> | <mi< td=""><td>ddle Name</td><td>></td><td></td><td><last< td=""><td>Name></td><td>></td><td><photo></photo></td></last<></td></mi<> | ddle Name | > | | <last< td=""><td>Name></td><td>></td><td><photo></photo></td></last<> | Name> | > | <photo></photo> |
| Name of Fath | ner/Husband | <firs< td=""><td>t Name></td><td><mi< td=""><td>ddle Name</td><td>></td><td></td><td><last< td=""><td>Name></td><td>></td><td><f11010></f11010></td></last<></td></mi<></td></firs<> | t Name> | <mi< td=""><td>ddle Name</td><td>></td><td></td><td><last< td=""><td>Name></td><td>></td><td><f11010></f11010></td></last<></td></mi<> | ddle Name | > | | <last< td=""><td>Name></td><td>></td><td><f11010></f11010></td></last<> | Name> | > | <f11010></f11010> |
| Date of Birth | DD/ MM/ YYYY | Gend | er | 1 | | < | Male, Fe | emale, | Other> | | |
| Mobile Numl | ber | | | Ema | ail Address | | | | | | |
| Telephone N | umber | | | | | | | | | | |
| Identity Infor | mation | | | | | | | l . | | | |
| Designation | | Direc | tor Identificat | ion N | umber | | | | | | |
| Permanent Account Number | | Aadh | aar Number | | | | | | | | |
| Are you a cit | izen of India? | | <yes no=""></yes> | | Passport 1 | Nun | nber | | | | |
| Residential A | Address | | | | | | | | | | |
| Building No/ | Flat No | | | | Floor No | | | | | | |
| Name of the | Premises/Building | | | | Road/Stre | eet | | | | | |
| Locality/Villa | age | | | | District | | | | | | |
| State | | | | | PIN Code | ; | | | | | |
| 15. Details of | f Primary Authorised | Signate | ory | | l | | | I | | | |
| Name | | <firs< td=""><td>t Name></td><td><mi< td=""><td>ddle Name</td><td>></td><td></td><td><last< td=""><td colspan="2">ast Name></td><td></td></last<></td></mi<></td></firs<> | t Name> | <mi< td=""><td>ddle Name</td><td>></td><td></td><td><last< td=""><td colspan="2">ast Name></td><td></td></last<></td></mi<> | ddle Name | > | | <last< td=""><td colspan="2">ast Name></td><td></td></last<> | ast Name> | | |
| Name of Fath | ner/Husband | <firs< td=""><td>t Name></td><td><mi< td=""><td>ddle Name</td><td>></td><td colspan="2"><last name=""></last></td><td></td></mi<></td></firs<> | t Name> | <mi< td=""><td>ddle Name</td><td>></td><td colspan="2"><last name=""></last></td><td></td></mi<> | ddle Name | > | <last name=""></last> | | | | |
| Date of Birth | ı | DD / YYY | MM / Y | Gender <male,< td=""><td colspan="2"><male, female,="" other=""></male,></td><td>r></td><td><photo></photo></td></male,<> | | <male, female,="" other=""></male,> | | r> | <photo></photo> | | |
| Mobile Numl | ber | | | Ema | ail Address | | l | | | | |
| Telephone N | umber | | | 1 | | | | <u> </u> | | | 1 |
| Identity Infor | mation | | | | | | | | | | |
| Designation | | | | Director Identification Number | | | | | | | |

| Permanent Account Number | | Aadhaar Numbe | er | | |
|---|--------------------------|---------------|--------|--|--|
| Are you a citizen of India? | <yes no=""></yes> | Passport N | Number | | |
| Residential Address | | L | | | |
| Building No/Flat No | | Floor No | | | |
| Name of the Premises/Building | | Road/Stre | eet | | |
| Locality/Village | | District | | | |
| State | | PIN Code | ; | | |
| Add More | | | | | |
| 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) 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. | | | | | |
| | Digital Signature/E-Sign | | | | |
| 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

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 |

| | Trust – Managing Trustee 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) Local Body – Chief Executive Officer or his equivalent Statutory Body – Chief Executive Officer or his equivalent Others – Person in Charge |
|----|---|
| 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. | Proof of Principal/Additional 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. |
| 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 | 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 |
|---------------------------------------|---------------------------------------|
| Limilted 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

[See rule -24(3)]

| Reference No. | < <date-dd mm="" yyyy="">></date-dd> |
|----------------|---|
| 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

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

[See rule 24(3)]

| 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 on 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 Cess Tax Interest Int | Reference No | | - | << Date–DD/ | MM/YYYY>> | |
|---|---|----|---|-------------|------------|-------------------|
| 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 Tax Interest Penalty Others Total Place: Date: Signature < Name of the Offficer> Designation | Name Address | ID | | | | |
| Will be recovered in accordance with the provisions of the Act and rules made thereunder. Head Central Tax State Tax UT Tax Integrated Tax Tax Interest Penalty Others Total Place: Date: Signature < Name of the Officer> Designation | 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: | | | | | |
| Head Central Tax State Tax UT Tax Integrated Tax Tax Interest Penalty Others Total Place: Date: Signature < Name of the Officer> Designation | | | | | | |
| Interest Penalty Others Total Place: Date: Signature < Name of the Officer> Designation | | | _ | | Integrated | |
| Penalty Others Total Place: Date: Signature < Name of the Officer> Designation | Tax | | | | | |
| Others Total Place: Date: Signature < Name of the Officer> Designation | Interest | | | | | |
| Place: Date: Signature < Name of the Officer> Designation | Penalty | | | | | |
| Place: Date: Signature < Name of the Officer> Designation | Others | | | | | |
| Date: Signature < Name of the Officer> Designation | Total | | | | | |
| Date: Signature < Name of the Officer> Designation | | | | | | |
| | | | | | De | e of the Officer> |

[See rule 24(4)]

Application for cancellation of provisional registration Part A

| (i) Provisional ID | | | | |
|---|---------------------------|--------------------------|---|----------------------------------|
| (ii) Email ID | | | | |
| (iii) Mobile Number | | | | |
| | | Pa | rt B | |
| Number) | er Permanent Account | | | |
| 2. Address for correspond | ndence | | | |
| 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 | on | | | • |
| 4. Have you issued any | tax invoice during GST | regime? | YES NO | |
| 5. Declaration(i) I <name i<="" li="" of="" the=""></name> | Proprietor/Karta/Author | rised Sigr | natory>, being <designation> of</designation> | <legal ()="" name=""> do</legal> |
| hereby declare that | I am not liable to regist | ration und | er the provisions of the Act. | |
| 6. Verification | | | | |
| I < > hereby solemnly a my knowledge and belie | | | ation given herein above is true at | nd correct to the best of |
| Aadhaar Number | | Permanent Account Number | | |
| | | | Signature of Author | rised Signatory |
| Full Name | | | | |
| Designation / Status | | | | |
| Place | | | | |
| Date | | | DD/MM/YYYY | |

[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 | | |
|---------------------------------------|--|--|--|--|
| 51. 110. | Date of Visit | три | | |
| 1. | | | | |
| 2. | Time of Visit | | | |
| 2 | Location details : | | | |
| 3. | Latitude | Longitude | | |
| | North – Bounded By | South – Bounded By | | |
| | West – Bounded By | East – Bounded By | | |
| 4 | Whether address is same as mentioned in | Y / N | | |
| 4. | application. | | | |
| - | Particulars of the person available at the | | | |
| 5. | 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 | | |
| 0. | | | | |
| 9. | | erson who is present at the place where site | | |
| · · · · · · · · · · · · · · · · · · · | verification is conducted. | | | |
| 10. | Comments (not more than < 1000 characters> | | | |
| | | Signature | | |
| | Place: | Name of the Officer: | | |
| | Date: | Designation: | | |
| | | Jurisdiction: | | |

 $[No.19450\,-\!FIN\text{-}CT1\text{-}TAX\text{-}0034\text{-}2017]$

By order of the Governor

S. ROUT
Deputy Secretary to Government

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