

#### GOVERNMENT OF SIKKIM FINANCE, REVENUE AND EXPENDITURE DEPARTMENT COMMERCIAL TAXES DIVISION GANGTOK

No.17/CTD/2017

Date: 22/6/2017

#### NOTIFICATION

In exercise of the powers conferred by section 164 of the Sikkim Goods and Services Tax Act, 2017 (9 of 2017), the State Government hereby makes the following rules, namely:-

Chapter I

#### PRELIMINARY

**1. Short title, Extent and Commencement.-**(1) These rules may be called the Sikkim Goods and Services Tax Rules, 2017.

(2) They shall come into force with effect from  $22^{nd}$  June, 2017.

2. Definitions. - In these rules, unless the context otherwise requires,-

- (a) "Act" means the Sikkim Goods and Services Tax Act, 2017 (9 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 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 <sub>+</sub>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:-

S1.	Category of registered persons	Rate of tax
No.		
(1)	(2)	(3)
1	Manufacturers, other than manufacturers of such goods as may be notified by the Government	one per cent.
2	Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II	two and a half per cent.
3	Any other supplier eligible for composition levy under section 10 and the provisions of this Chapter	half per cent.

#### 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, e-mail 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 email 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 sub-rule (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 sub-rule (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 State 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 sub-rule (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 sub-rule (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 subrule (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 e-mail 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 Board 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 f	rom drop down>						
(i) Manufacturers, other than ma as notified by the Governmen	Ũ	pods					
(ii) Suppliers making supplies r of paragraph 6 of Schedule I		<sup>2)</sup>					
(iii) Any other supplier eligible f	for composition levy.						
6. Financial Year from which composition s	cheme is opted	2017-18					
7. Jurisdiction	Centre	State					
<ul> <li>8. Declaration –</li> <li>I hereby declare that the aforesaid business spayment of tax under section 10.</li> </ul>	shall abide by the condit	ions 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.							
	Signature of Authorised Signatory						
	Name						
Place Date	Desi	gnation / Status					

#### Form GST CMP -02

#### [See rule 3(3)]

# 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 manufactu	rers of suc	ch goods as		$\square$			
may be notified by the Government							
(ii) Suppliers making supplies referred t paragraph 6 of Schedule II	to in clau	ise (b) of					
(iii) Any other supplier eligible for comp	osition lev	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	de by the c	conditions ar	nd rest	rictions specified for			
paying tax under section 10.							
9. Verification							
I	hereby so	olemnlv affi	rm ai	nd declare that the			
information given hereinabove is true and correct to has been concealed therefrom.							
Signature of Authorised Signatory							
		Name					
Place Date	Place						
Date		Designation	i / Stat	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 new tay under	(i) Application refe	rence number	
5. Details of application filed to pay tax under section 10	(ARN)		
section 10	(ii) Date of filing		
6. Jurisdiction	Centre	State	

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

Sr. No	GSTIN/TIN	Name of the supplier	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	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 Stock	of	VAT	Central Excise	Service Tax (if applicabl e	Total
1	2	3	4	5		6	7	8	9	
1										
2										
Total										
9. D	Details of tax paid	Descriptio	on	Central	Tax	State T UT Ta				
		Amount								

	Debit entry no.						
10. Verification          I							
Signature of Authorised Signatory							
Name							
Place Date		Designation	/ Status				

#### Form GST – CMP-04

[See rule 6(2)]

#### Intimation/Application for Withdrawal from Composition Levy

1. GSTIN						
2. Legal na	ame					
3. Trade na	me, if any					
4.Address of	of Principal Place of business	S				
5. Category	of Registered Person					
(iv)	Manufacturers, other than					
	of such goods as may be n	otified by the				
	Government					
(v)	Suppliers making supplie					
	clause (b) of paragraph 6 of					
(vi)	Any other supplier eligibl	e for				
	composition levy.					
6. Nature of	f Business					
7. Date from	n which withdrawal from co	mposition scheme	e is sought	DD	MM	YYYY
8. Jurisdict	tion	Centre	State			
	for withdrawal from compos	sition scheme				
10. Verifica	ation					
I		here	by solemnly af	firm and	l declar	e that the
information	n given hereinabove is true a	nd correct to the	best of my know	ledge and	l belief a	and nothing
has been co	oncealed therefrom.					
		Signatur	e of Authorised	Signatory	/	
		e		ε.		
		Name				
Place		i (unite				
Date						
Date		Designation /	Status			
			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 option to pay tax under section 10

Whereas on the basis of information which has come to my notice, it appears that you have violated the conditions and restrictions necessary for availing of the composition scheme under section 10 of the Act. I therefore propose to deny the option to you to pay tax under the said section for the following reasons: -

1 2 3

 $\Box$  You are hereby directed to furnish a reply to this notice within fifteen working days from the date of service of this notice.

□ You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM.

If you fail to furnish a reply within the stipulated date or fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

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
		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(6)]

Reference No. << >>

Date-

То

GSTIN Name Address

Application Reference No. (ARN)

Date –

#### Order for acceptance / rejection of reply to show cause notice

This has reference to your reply dated ----- filed in response to the show cause notice issued vide reference no. ------ dated ------. Your reply has been examined and the same has been found to be satisfactory and, therefore, your option to pay tax under composition scheme shall continue. The said show cause notice stands vacated.

or

This has reference to your reply dated ----- filed in response to the show cause notice issued vide reference no. ------ dated ------. Your reply has been examined and the same has not been found to be satisfactory and, therefore, your option to pay tax under composition scheme is hereby denied with effect from << >>> for the following reasons:

<< text >>

or

You have not filed any reply to the show cause notice; or

You did not appear on the day fixed for hearing.

Therefore, your option to pay tax under composition scheme is hereby denied with effect from << date >> for the following reasons:

<< Text >>

Signature Name of Proper Officer

> Designation Jurisdiction

Date Place

[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

		State /UT – $\bigtriangledown$ District - $\bigtriangledown$					
(i)	(i) Legal Name of the Business:						
	(As mentioned in Permanent Ac	count	t Number)				
(ii)	Permanent Account Number :						
	(Enter Permanent Account Num Individual in case of Proprietor		of the Business; Permanent Accou concern)	nt Number of			
(iii)	Email Address :						
(iv)	Mobile Number :						
Note	- Information submitted above is	subje	ect to online verification before pr	oceeding to fill up	Part-B.		
Auth	norised signatory filing the applic	cation	n shall provide his mobile number	and email address			
			Part –B				
1.	Trade Name, if any						
2.	Constitution of Business (Plea	ise Se	lect the Appropriate)				
(i) Pr	oprietorship		(ii) Partnership				
(iii) H	Iindu Undivided Family		(iv) Private Limited Company				
(v) P	ablic Limited Company		(vi) Society/Club/Trust/Associat	ion of Persons			
(vii)	Government Department		(viii) Public Sector Undertaking				
(ix) U	Inlimited Company		(x) Limited Liability Partnership	)			
(xi) L	ocal Authority		(xii) Statutory Body				
(xiii) Partn	Foreign Limited Liability ership	v     □     (xiv) Foreign Company Registered (in India)     □					
(xv)	Others (Please specify)						
3.	Name of the State		District				
4.	Jurisdiction		State	Ce	entre		
			Sector, Circle, Ward, Unit, etc. others (specify)				

5.	Option for Composition	Yes		No 🗆					
6. C	omposition Declaration								
	I hereby declare that the a	aforesaid bu	usines	s shall abide	by the condit	ions	and restrictions	specified in	
the Act or	the Act or the rules for opting to pay tax under the composition scheme.								
6.1 Categ	6.1 Category of Registered Person < tick in check box>								
(i)	Manufacturers, other that			÷	ods as may	be r	notified by the		
	Government for which op	tion is not a	vailat	ole					
(ii)	(ii) Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II								
(iii)	(iii) Any other supplier eligible for composition levy.								
7.	Date of commencement of	business			DD/MM/YY	YYY			
8.	Date on which liability to re	egister arise	es		DD/MM/YY	YYY			
9.	Are you applying for regist person?	ration as a c	casual	taxable	Yes		No		
10.	If selected 'Yes' in Sr. No.	9, period fo	or whi	ch	From		То		
	registration is required				DD/MM/YY	YY	DD/MM/YYYY	DD/MM/YYYY	
11.	If selected 'Yes' in Sr. No. registration	9, estimate	d supj	plies and estir	nated net tax	liabi	lity during the pe	riod of	
Sr. No.	Type of Tax		,	Turnover (Rs.	.)		Net Tax Liabili	ty (Rs.)	
(i)	Integrated Tax								
(ii)	Central Tax								
(iii)	State Tax								
(iv)	UT Tax								
(v)	Cess								
	Total								
	Payment Details								
	Challan Identification			Date			Amount		
	Number			Date					
12.	Are you applying for regist	ration as a s	SEZ U	Jnit?	Yes		No		
	(i) Select name of SEZ							$\bigtriangledown$	
	(ii) Approval order number	r							
	(iii) Designation of approvi	ng authorit	у						
13.	Are you applying for regist	Developer?	Yes		No				

	(i) Select name of SEZ Developer	$\nabla$
	(ii) Approval order number and date of order	v
	(iii) Designation of approving authority	
14.	Reason to obtain registration:	
	(i) Crossing the threshold	(viii) Merger /amalgamation of two or more registered persons
	(ii) Inter-State supply	(ix) Input Service Distributor
	(iii) Liability to pay tax as recipient of goods or services u/s 9(3) or 9(4)	(x) Person liable to pay tax u/s 9(5)
	<ul><li>(iv) Transfer of business which includes change in the ownership of business</li><li>(if transferee is not a registered entity)</li></ul>	(xi) Taxable person supplying through e-Commerce portal
	<ul><li>(v) Death of the proprietor</li><li>(if the successor is not a registered entity)</li></ul>	(xii) Voluntary Basis
	(vi) De-merger	(xiii) Persons supplying goods and/or services on behalf of other taxable person(s)
	(vii) Change in constitution of business	(xiv) Others (Not covered above) – Specify
15.	Indicate existing registrations wherever applicable	
Regist	ration number under Value Added Tax	
Centra	l Sales Tax Registration Number	
Entry '	Tax Registration Number	
Enterta	ainment Tax Registration Number	
Hotel a	and Luxury Tax Registration Number	
Central	Excise Registration Number	
Service	e Tax Registration Number	
Corpor Numbe	rate Identify Number/Foreign Company Registration	
	d Liability Partnership Identification Number/Foreign d Liability Partnership Identification Number	
Importe	er/Exporter Code Number	
	ation number under Medicinal and Toilet ations (Excise Duties) Act	
Registr	ration number under Shops and Establishment Act	
Tempo	rary ID, if any	
Others	(Please specify)	
16.	(a) Address of Principal Place of Business	1
Buildin	ng No./Flat No.	Floor No.

Name of the Premises/Building							Road/Street						
City/Town/Localit	y/Villa	ıge				Distric	ct						
Taluka/Block													
State	PIN C	ode											
Latitude						Longi	tude						
(b) Contact Inform	nation												
Office Email Addr	ess				Office 7	Telephon	ne nu	mber	STD				
Mobile Number					Office I	Fax Nun	nber		STD				
(c) Nature of prem	ises	1											
Own	]	Leased	1	Rer	nted	Con	sent	Sh	ared	(	Others	(spec	fy)
(d) Nature of busin	ness ac	tivity ł	being c	arried out a	t above mei	ntioned	prem	ises (Ple	ease tic	k appli	cable)		
Factory / Manufac	turing			Wholesal	Wholesale Business			Retail Business					
Warehouse/Depot				Bonded V	Varehouse			Supplier of services					
Office/Sale Office				Leasing E	Business		]	Recipient of goods or services					
EOU/ STP/ EHTP				Works Co	ontract		]	Export					
Import				Others (S	pecify)								
17. Details of Banl	k Acco	unts (s	5)	_									1
Total number of business	Bank A	Accour	its main	ntained by t	he applican	t for co	nduct	ing					
(Upto 10 Bank A	ccount	s to be	report	ed)									
Details of Bank Ac	ccount	1							1				
Account Number													
Type of Account						IFSC		·					
Bank Name													
Branch Address		To b	e auto-	populated (	Edit mode)								

Note – Add more accounts -----

#### 18. Details of the Goods supplied by the Business

Please s	Please specify top 5 Goods									
Sr. No.	Description of Goods	HSN Code (Four digit)								
(i)										
(ii)										

Ī	(v)	

19. Details of Services supplied by the Business.

Please sp	Please specify top 5 Services										
Sr. No.	Description of Services	HSN Code (Four digit)									
(i)											
(ii)											
(v)											

20. Details of Additional Place(s) of Business

Number of additional places	

Premises 1

#### (a) Details of Additional Place of Business

Building No/Flat N	lo						Floor N	0				
Name of the Premi	ises/l	Building					Road/St	treet				
City/Town/Localit	Locality/Village District											
Block/Taluka												
State							PIN Co	de				
Latitude							Longitu	ıde		- I I	- 1 - 1	
(b) Contact Inform	ation	1										
Office Email Addr	ess				Office Telephone number STE							
Mobile Number					Offi	ice Fax	Number	nber STD				
(c) Nature of prem	ises											
Own	Lea	ised		Rented	Consent Shared				d	Others (specify)	)	
(d) Nature of busir	ness a	activity be	ing car	ried out at abo	ove m	nentione	ed premi	ises (Pleas	e tick appl	licable)		
Factory / Manufac	turin	g		Wholesale	Busi	ness		Retail Bu	isiness			
Warehouse/Depot			Bonded Warehouse     Supplier of services									
Office/Sale Office				Leasing Bu	ng Business Recipient of goods or services							
EOU/ STP/ EHTP				Works Cor	ntract			Export				

_				
	Import	Others (specify)		Ì
				ł

21. Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.

Particulars	First Name		Middle Name	Last Name			
Name							
Photo				1			
Name of Father							
Date of Birth	DD/MM/YYYY		Gender	<male, female,<br="">Other&gt;</male,>			
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		sport No. (in case of igners)				
Residential Address							
Building No/Flat No		Floo	or No				
Name of the Premises/Building		Roa	d/Street				
City/Town/Locality/Village		Dist	rict				
Block/Taluka							
State		PIN	Code				
Country (in case of foreigner only)		ZIP	code				

22. Details of Authorised Signatory

Checkbox for Primary Authorised Signatory Details of Signatory No. 1

Particulars	First Name	Middle Name	Last Name
Name			
Photo			

Name of Father				
Date of Birth	DD/MM/YYYY	Gender		<male, female,="" other=""></male,>
Mobile Number		Email add	lress	
Telephone No. with STD				
Designation /Status			Director Identific Number (if any)	cation
Permanent Account Number			Aadhaar Number	
Are you a citizen of India?	Yes / No		Passport No. (in foreigners)	case of

Residential Address in India		
Building No/Flat No	Floor No	
Name of the Premises/BuildingBlock/Taluka	Road/Street	
City/Town/Locality/Village	District	
State	PIN Code	

### 23. Details of Authorised Representative

Enrolment ID, if available											
Provide following details, if e	enrolme	nt ID	is not a	availat	ole						
Permanent Account Number											
Aadhaar, if Permanent											
Account Number is not											
available											
				-				1			
	First N	Vame		Mide	dle Name L			Last	Name		
Name of Person											
Designation / Status											
Mobile Number											
Email address											
Telephone No. with STD					FAX	No. w	ith ST	Ď			

#### 24. State Specific Information

Profession Tax Enrolment Code (EC) No.

Profession Tax Registration Certificate (RC) No.

State Excise License No. and the name of the person in whose name Excise License is held

(a) Field 1
(b) Field 2
(c) ....
(d) .....
(e) Field n

#### 25. Document Upload

A customized list of documents required to be uploaded (refer rule 8) as per the field values in the form.

26. Consent

I on behalf of the holder of Aadhaar number <pre-filled based on Aadhaar number provided in the form> give consent to "Goods and Services Tax Network" to obtain my details from UIDAI for the purpose of authentication. "Goods and Services Tax Network" has informed me that identity information would only be used for validating identity of the Aadhaar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.

27. Verification (by authorised signatory)

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

Signature

Place:

Name of Authorised Signatory .....

Date:

Designation/Status.....

### List of documents to be uploaded:-

1.	<ul> <li>Photographs (wherever specified in the Application Form)</li> <li>(a) Proprietary Concern – Proprietor</li> <li>(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)</li> <li>(c) Hindu Undivided Family – Karta</li> <li>(d) Company – Managing Director or the Authorised Person</li> <li>(e) Trust – Managing Trustee</li> <li>(f) Association of Persons or Body of Individuals –Members of Managing Committee (personal details of all members are to be submitted)</li> <li>(g) Local Authority – Chief Executive Officer or his equivalent</li> <li>(h) Statutory Body – Chief Executive Officer or his equivalent</li> <li>(i) Others – Person in Charge</li> </ul>
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.	<ul> <li>Proof of Principal Place of Business: <ul> <li>(a) For Own premises –</li> <li>Any document in support of the ownership of the premises like latest Property Tax</li> <li>Receipt or Municipal Khata copy or copy of Electricity Bill.</li> <li>(b) For Rented or Leased premises –</li> <li>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.</li> <li>(c) For premises not covered in (a) and (b) above –</li> <li>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.</li> <li>For shared properties also, the same documents may be uploaded.</li> <li>(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 premises like copy of Electricity Bill.</li> <li>(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.</li> </ul> </li> </ul>
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 (status="" authorised="" designation)="" of="" signatory,="" the="">&gt; is hereby authorised, vide resolution no dated (copy submitted herewith), to act as an authorised signatory for the business &lt;&lt; Goods and Services Tax Identification Number - Name of the Business&gt;&gt; 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.</name>			
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			
Signatory Place: (Name)			
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.

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		

4. The following persons can digitally sign the application for new registration:-

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
--------	-------------------	----------------------------

Sr. No	Type of Applicant	Type of Signature required	
1.	Private Limited CompanyPublic Limited CompanyPublic Sector UndertakingUnlimited CompanyLimited Liability PartnershipForeign CompanyForeign Limited LiabilityPartnership	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:

To Name of the Applicant: Address: GSTIN (if available): Application Reference No. (ARN): Date-

Date:

## Notice for Seeking Additional Information / Clarification / Documents relating to Application for <<Registration/Amendment/Cancellation >>

This is with reference to your <<registration/amendment/cancellation>> application filed vide ARN < > Dated -DD/MM/YYYY The Department has examined your application and is not satisfied with it for the following reasons:

1. 2.

2. 3.

э.

□ You are directed to submit your reply by ...... (DD/MM/YYYY)

 $\square$  \*You are hereby directed to appear before the undersigned on ...... (DD/MM/YYYY) at ...... (HH:MM)

If no response is received by the stipulated date, your application is liable for rejection. Please note that no further notice / reminder will be issued in this matter

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					
4.	Name of Business (Legal)					
5.	Trade name, if any					
6.	Address					
7.	Whether any modification	Whether any modification in the application for registration or fields is required Yes				
					No 🗆	
					(Tick one)	
8.	Additional Information				I	
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:

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

Date-



#### Government of India 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			
б.	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			4	•
8.	Particulars of Approving Au	uthority			
Centre	;		State		
		Si	gnature		
Name					
Design	nation				
Office					
9. Dat	te of issue of Certificate				
Note:	The registration certificate is	required to be promir	ently displayed at all places of	business in	the State.

#### Annexure A



#### **Details of Additional Places of Business**

Goods and Services Tax Identification Number

Legal Name

Trade Name, if any

Total Number of Additional Places of Business in the State

Sr. No.	Address
1	
2	
3	

Annexure **B** 

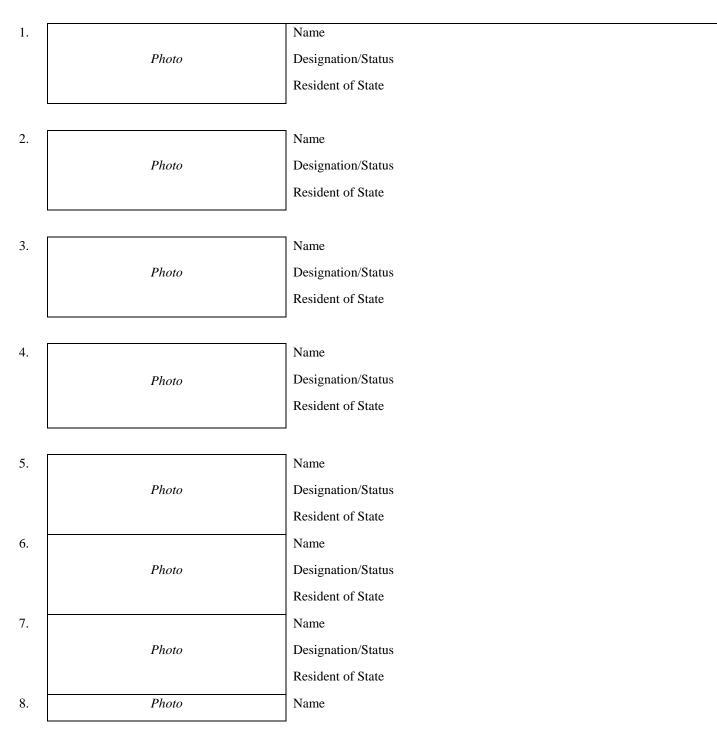


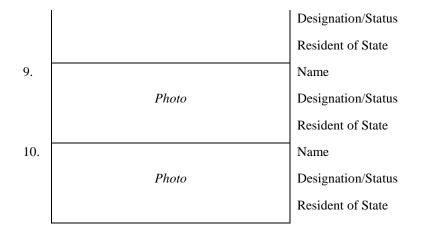
Goods and Services Tax Identification Number

Legal Name

Trade Name, if any

Details of <Proprietor / Partners / Karta / Managing Director and whole-time Directors / Members of the Managing Commi Association of Persons / Board of Trustees etc.>





[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 Deduc Number/ Tax Deduction and C			ed in Perman	ent Account				
(ii)	) Permanent Account Number								
	(Enter Permanent Account Nu Individual in case of Proprieto			Account Nu	mber of				
(iii)	Tax Deduction and Collection	Account	Number						
	(Enter Tax Deduction and Col not available)	lection A	account Number, if Pern	nanent Accou	int Number is				
(iv)	Email Address								
(v)	Mobile Number								
Note -	Information submitted above is	subject to	o online verification befo	ore proceedir	ng to fill up Part-B.				
			Part –B						
1	Trade Name, if any								
2	Constitution of Business (Plea	se Select	the Appropriate)						
(i) Proprietorship			(ii) Partnership						
(iii) Hi	ndu Undivided Family		(iv) Private Limited Company						
(v) Public Limited Company			(vi) Society/Club/Tr	ust/Association	on of Persons				
(vii) G	overnment Department		(viii) Public Sector Undertaking						
(ix) Ui	limited Company		(x) Limited Liability	(x) Limited Liability Partnership					
(xi) Lo	cal Authority		(xii) Statutory Body						
(xiii) F Partne	Foreign Limited Liability rship		(xiv) Foreign Compa	(xiv) Foreign Company Registered (in India)					
(xv) C	Others (Please specify)								
3	Name of the State			District					
4 Jurisdiction - State					Centre	1			
		Sect etc.	tor /Circle/ Ward /Cha	irge/Unit					
5	Type of registration	I		Tax Deduc	ctor O Tax Collector	· 0			
6.	Government (Centre / State/Un	nion Terri	itory)	Center	O State/UT	0			
7.	Date of liability to deduce	t/collect t	tax DD/MM/YYY	Y Y					
8.	(a) Address of principal p	lace of b	usiness						

Building No./Flat No.				Floor No.		
Name of the	e Premises/Buildi	ng		Road/Street		
City/Town/Locality/Village				District		
Block/Talu	ka					
Latitude				Longitude		
State				PIN Code		
(b) Contact	Information					
Office Ema	il Address		Office Teleph	none number		
Mobile Nur	nber		Office Fax N	umber		
(c)	Nature of posse	ssion 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?			Yes	No	]	
10	If Yes, mention Tax Identification	n Goods and Services on Number				
11         IEC (Importer Exporter Code), if applicable						
12	Details of DDO	(Drawing and Disbursin	g Officer) / Per	son responsible f	or deducting ta	ax/collecting tax
Particulars						
Name		First Name	·	Middle Name		Last Name
Father's Na	ime					
Photo						
Date of Bir	th	DD/MM/YY	YY	Gender		<male, female,="" other=""></male,>
Mobile Number			Email address			
Telephone No. with STD						
Designation /Status		Director Identification Number (if any)				
Permanent Account Number		Aadhaar Nun	nber			
Are you a c	itizen of India?	Yes / No	Passport No.	(in case of Forei	gners)	
Residential	Address	1	<b>I</b>		I	
Building No	o/Flat No		Floor No			
L			1			

Name of the Premises/Building		Lo	Locality/Village										
State		PI	PIN Code										
Checkbox for	of Authorised Sign or Primary Author ignatory No. 1		atory										
Particulars	,	First Na	ime	Middle	Na	me	Last Nam	e					
Name													
Photo													
Name of F	ather												
Date of Bi	rth	DD/MN	I/YYYY	Gender	•		<male, fe<="" td=""><td>male,</td><td>Other</td><td>&gt;</td><td></td><td></td><td></td></male,>	male,	Other	>			
Mobile Nu	imber			Email a	addr	ess							
Telephone	No. with STD			<u> </u>									
Designatio	on /Status					Director Identificat Number (if any)	ion						
Permanent Number	Account				Aadhaar Number								
Are you a	citizen of India?	Yes / N	0			Passport No. (in case of foreigners)							
Residenti	al Address (Within	n the Cou	ntry)										
Building	No/Flat No					Floor No							
Name of	the Premises/Build	ling				Road/Street							
City/Tov	vn/Locality/Villa	age				District							
State						PIN Code				Τ	Τ		
Block/Ta	luka												
Note – Add	more												
14.	Consent												
	to "Goods and S and Services Tax	Services T x Network	ax Networ z" has info	k" to obto rmed me	ain thai	-filled based on Aadl my details from UID t identity information al Identities Data Re	AI for the pi would only	irpose be us	e of au sed for	thenti valid	icatio lating	n. "G ident	oods ity of

15.		<b>Verification</b> Inly affirm and declare that the information given herein above is true and correct to the best of my I 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.

45

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

То Name: Address: Application Reference No. (ARN) (Reply)

#### Order of Cancellation of Registration as Tax Deductor at source or Tax Collector at source

This has reference to the show-cause notice issued vide Reference Number ...... dated ...... for cancellation of 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 of hearing have been examined. The undersigned is of the opinion that your registration is liable to be cancelled for the following reason(s).

1.

2.

The effective date of cancellation of registration is <<DD/MM/YYYY >>.

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

Date:

Date:

[See rule 13(1)]

## Application for Registration of Non Resident Taxable Person

## <u>Part – A</u>

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 - up Par	Relevant information submitted above is subject to online verification, where practicable, before proceeding to fill rt-B.

# <u>Part -B</u>

1.	Details of Authorised Signator	y (should be a resident of Indi	a)				
	First Name	Middle Name	Last Name				
	Photo		-				
	Gender		Male / Female / Others				
	Designation						
	Date of Birth		DD/MM/YYYY				
	Father's Name						
	Nationality						
	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			

			Estimated T	urnove	r (Rs.)	Estimated Tax Liability (Net) (Rs.)					
3	Turnover Details		Intra- State	Inter	-State	Central Tax	State Tax	UT Tax	Integrated Tax	Cess	
	Address of Non-				ntry of Or	igin					
	(In case of business entity - Address of the Office)										
	Address Line 1										
	Address Line 2										
4	Address Line 3										
	Country (Drop D	own)									
	Zip Code										
	E mail Address										
	Telephone Numb	ber									
	Address of Princi	ipal Place of E	Business in Ind	lia							
	Building No./Fla	t No.	Floo		Floor No.						
	Name of the Premises/Building				Road/Street						
	City/Town/Villag	ge/Locality	Distri		District						
5	Block/Taluka										
	Latitude				Longitude						
	State				PIN Code						
	Mobile Number				Telephone Number						
	E mail Address				Fax Number with STD						
	Details of Bank A	Account in Ind	ia								
6	Account Number				Type of a	count					
	Bank Name		Branch Ade	dress					IFSC		
	Documents Uplo	aded									
7	A customized list	of documents	required to be	e uploa	ded (refer	Instruct	ion) as	per the field	values in the fo	rm	
	Declaration I hereby solemn knowledge and b						erein a	bove is tru	e and correct to	o the best of my	
8									Sign	ature	
	Place:							Name of Au	uthorised 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.

	cuments to be uploaded as evidence are as follows:-
1.	Proof of Principal Place of Business:
	<ul> <li>(a) For own premises –</li> <li>Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</li> <li>(b) For Rented or Leased premises –</li> </ul>
	<ul> <li>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.</li> <li>(c) For premises not covered in (a) and (b) above –</li> <li>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.</li> </ul>
2	
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 it's 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 authorised<br="" of="" the="">signatory, (status/designation)&gt;&gt; is hereby authorised, vide resolution no dated (Copy submitted herewith), to act as an authorised signatory for the business &lt;&lt; Goods and Services Tax Identification Number - Name of the Business&gt;&gt; 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
	$\boxed{I <<(Name of the authorised signatory>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.}$
	Signature of Authorised Signatory
	Place:
	Tiace.

#### 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.	<ul> <li>Private Limited Company</li> <li>Public Limited Company</li> <li>Public Sector Undertaking</li> <li>Unlimited Company</li> <li>Limited Liability Partnership</li> <li>Foreign Company</li> <li>Foreign Limited Liability Partnership</li> </ul>	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.

## <u>Part – A</u>

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)			
	<i>Note</i> - 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 (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 line 1		
	Address of the Authorised Signatory		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 Ac	count	I				
5	Account Number			Type of account			
	Bank Name		Branch Address			IFSC	
6	Documents Upload		uired to be upload	led (refer Instruction)	as per the field	l values in t	he form
	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.						
7	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 Authorised Signatory:						
	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 authorised="" of="" signatory="" the="">&gt; to act as an authorised signatory for the business &lt;&lt; Name of the Business&gt;&gt; for which application for registration is being filed/ is registered under the Goods and Service Tax Act, 20</name>					
	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 (or	iginal)	From	n		То	
			DD/MM/	YYYY	D	D/MM/YYY	Y
6.	Period for which exte	nsion is requested.	From	n		То	
			DD/MM/	YYYY	D	D/MM/YYY	Y
7.	Turnover Details for t	he 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		T				
	Date	CIN	BRN		Amount		
9.	9. Declaration - <i>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>						
Diago	Signature Place: Name of Authorised Signatory:						
Place	5.		inaine c	Autionse	su Signator	у.	
Date	ate: Designation / Status:						

#### 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:

To (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	egistration 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.	Permanent Adavailable	ccount Number of the person, if	
7.	Mobile No.		
8.	Email Address		
9.	Other ID, if any (Voter ID No Aadhaar No./ C	./ Passport No./Driving License No./	
10.	Reasons for ter	nporary registration	

11.	Effective date of registration / temporary ID			
12.	Registration No. / Temporary ID			
(Uploa	d of Seizure Memo / Detention Memo / Any other suppo	rting documents)		
< <you 30="" application="" are="" days="" directed="" file="" for="" hereby="" issue="" of="" order="" proper="" registration="" th="" the="" to="" within="">&gt;</you>				
		Signature		
Place		<< Name of the Officer>>:		
Date:		Designation/ Jurisdiction:		
Not	te: A copy of the order will be sent to the corresponding	Central/ State Jurisdictional Authority.		

[See rule 17(1)]

## Application/Form for grant of Unique Identity Number to UN Bodies / Embassies / others

#### State /Union Territory– PART A

District –

(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

1.	Type of Entity (Choose one)	UN Body	Embassy Other Per	rson O
2.	Country			
3.	Notification Details		Notification No.	Date
4.	Address of the entity in State			
	Building No./Flat No.		Floor No.	
	Name of the Premises/Building		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 Signator	y, if applicable		L
	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			<u> </u>		
	Building No/Flat No		Floor No			
	Name of the Premises/Building		Road/Street			
	Town/City/Village		District			
	Block/Taluka					
	State		PIN Code			
8	Bank Account Details (add m	ore if required)				
	Account Number		Type of Account			
	IFSC		Bank Name			
	Branch Address					
9.	Documents Uploaded					
		ich documents inclu	documentary evidence ( <u>other than</u> UN E ding the copy of resolution / power of a			
	Or					
	upload the scanned copy of su	ıch documents inclu √ Body / Embassy e	ntary evidence from the applicant (UN E uding the copy of resolution / power of a etc. in India and link it along with the bassy etc.	attorney, authorising the		
11.	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.					
L	Place:	(Signature)				
	Date:	Name of Authorised Person:				
		Or				
		(Signature)				
	Place: Date:	Name of Proper Officer: Designation: Jurisdiction:				

# 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	I/UIN								
2. Name	of Business								
3. Type of registration									
4. Amendment summary									
Sr. No	o Field Name Effective (DD/MM			Reasons(s)					
5. List of	f documents uploaded								
(a)									
(b)									
(c)									
6. 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: Name of Authorised Signatory								
	Date: Designation / Status:								

#### Instructions for submission of application for amendment

- 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

2       Legal name         3       Trade name, if any         4       Address of Principal Place of Business         5       Address for future correspondence fax )       Building No./ Flat No.       Floor No.         5       Address for future correspondence fax )       Building No./ Flat No.       Road/ Street         6       Caty/Town/ Village       District         8       O       Discontinuance /Closure of business o Cacacd to be liable to pay tax o Transfer of business on account of amalgamation, merger / demerger, sale, lease or otherwise disposed of etc.       Fax Number         7       In case of transfer, merger of business, leading to change in Permanent Account Number       Change in Permanent Account Number         7       In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, cl.         (i)       Goods and Services Tax Identification Number       Building No./ Flat No.         (ii)       (a) Name (Legal)       Building No./ Flat No.         (iii)       Address of Principal Place of Business       Building No./ Flat No.	1	GSTIN						
4       Address of Principal Place of Business       Building No./ Flat No.       Floor No.         5       Address for future (including email, mobile telephone, fax )       Building No./ Flat No.       Road/ Street         6.       Reasons for Carcellation (Sclect one)       0       District       District         6.       Reasons for Carcellation (Sclect one)       0       Discontinuance /Closure of business 0       Fax Number         7.       In case of transfer, Tax Identification Number       0       Discontinuance in permanent Account Number       Farmanent Number         7.       In case of transfer, Tax Identification Number       0       In case of transfer, Number       In case of transfer, Number         7.       In case of transfer, Tax Identification Number       0       In case of transfer, Number       Floor No.         7.       In case of transfer, Tax Identification Number       0       District of business, particulars of registration of entity in which merged, amalgamated, etc.         (i)       (a) Name (Legal)       In case of transfer, Number       Floor No.         (ii)       Address of Principal Place of Business       Building No./ Flat No.       Floor No.         (iii)       Address of Principal Place of Business       Building No./ Flat No.       Floor No.	2	Legal name						
Place of Business       Place of Business         5       Address for future (norduing email, mobile telephone, fax.)       Building No./ Flat No.       Road/Street         7       Name of Premises/ Building       Image: Street       District         8       Image: Street       District       District         8       Image: Street       Image: Street       District         1       Image: Street       Image: Street       Image: Street         1       Image: Street       Image: Street       Image: Street         1       Image: Street       Image: Street       Image: Street         1       Image: Street       Image: Street       Image: Street       Image: Street         1       Image: Street       Image: Street       Image: Street       Image: Street       Image: Street         1       Image: Street       Image:	3	Trade name, if any						
correspondence (including email, mobile telephone, fax )       Name of Premises/ Building       Road/ Street       Road/ Street         fax )       Name of Premises/ Building       District       District         fax )       Elephone, State       Latitude       Longitude       Image: State         fax )       Mobile (with country code)       Telephone       Image: State       PIN Code         Mobile (with country code)       Image: State       Telephone       Image: State       Image: State         6.       Reasons for Cancellation       O Discontinuance /Closure of business on Cancellation       State       Image:	4							
(including email, mobile telephone, fax )       Name of Premises/ Building       Road/ Street         (including email, mobile telephone, fax )       Block/Taluka       District         Block/Taluka       Image: City/Town/ Village       Longitude         Latitude       Image: City/Town/ Village       Image: City/Town/ Village         Block/Taluka       Image: City/Town/ Village       Image: City/Town/ Village         Image: City/Town/ Village       Image: City/Town/ Village       Image: City/Town/ Village         Block/Taluka       Image: City/Town/ Village       Image: City/Town/ Village       Image: City/Town/ Village         Image: City/Town/ Village       Image: City/Town/ Village       Image: City/Town/ Village       Image: City/Town/ Village       Image: City/Town/ Village         Image: City/Town/ Village       Image: City/Town/	5		Building No./ Flat No.			Floor No.		
City rown vnage       District         Block/Taluka       Longitude         Latitude       Longitude         State       PIN Code         Mobile (with country code)       Telephone         email       Fax         or Discontinuance /Closure of business       Fax         or Cased to be liable to pay tax       Fax         or Transfer of business on account of amalgamation, merger/ demerger, sale, lease or otherwise disposed of etc.       Or Change in constitution of business leading to change in Permanent Account Number         or Death of Sole Proprietor or Other (specify)       Others (specify)       In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, etc.         (i)       Goods and Services Tax Identification Number       Others (specify)         (ii)       Goods and Services Tax Identification Particulars of registration of entity in which merged, amalgamated, etc.         (iii)       (a) Name (Legal)       (b) Trade name, if any         (iii)       Address of Principal Place of Business       Building No/Flat No.       Floor No.         (iii)       Address of Principal Place of Promisers Place of Promisers Plaulding       Road/ Street		(including email, mobile telephone,	Name of Premises/ Building					
4       Latitude       Longitude       Longitude         5       State       PIN Code       Image: State       PIN Code         6       Mobile (with country code)       Fax Number       State       State       State         6.       Reasons for Cancellation (Select one)       0       Discontinuance /Closure of business 0       Fax Number       State		fax )	City/Town/ Village			District		
State       PIN Code         Mobile (with country code)       Telephone         email       Fax Number         6.		-	Block/Taluka					
Mobile (with country code)       Telephone         email       Fax Number         email       Fax Number         6.       O Discontinuance /Closure of business O Ceased to be liable to pay tax O Transfer of business on account of amalgamation, merger/ demerger, sale, lease or otherwise disposed of etc.       • Change in constitution of business leading to change in Permanent Account Number         6.       In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, etc.       • Others (specify)         7.       In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, etc.       • Others (specify)         7.       In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, etc.       • Others (specify)         7.       In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, etc.       • Others (specify)         (i)       Goods and Services Tax Identification Number       • Others (specify)         (ii)       (a) Name (Legal)       • Others (specify)         (iii)       Address of Principal Place of Business       Building No./ Flat No.       Floor No.         Name of Premises/ Building       Road/ Street       • Others			Latitude			Longitude		
email       Fax Number         6.       Cases of for Cancellation (Select one) <ul> <li>O</li> <li>Discontinuance /Closure of business</li> <li>Ceased to be liable to pay tax</li> <li>Transfer of business on account of amalgamation, merger/ demerger, sale, lease or otherwise disposed of etc.</li> <li>Change in constitution of business leading to change in Permanent Account Number</li> <li>Death of Sole Proprietor</li> <li>Others (specify)</li> </ul> 7.         In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, etc.           (i)         Goods and Services Tax Identification Number               (ii)             Goods and Services Tax Identification Number               (iii)             Adress of Principal Place of Business               Building No./ Flat No.             Floor No.               Name of Premises/ Building             Road/ Street			State			PIN Code		
6.       Reasons for Cancellation (Select one) <ul> <li>Discontinuance /Closure of business</li> <li>Ceased to be liable to pay tax</li> <li>Transfer of business on account of amalgamation, merger/ demerger, sale, lease or otherwise disposed of etc.</li> <li>Change in constitution of business leading to change in Permanent Account Number</li> <li>Death of Sole Proprietor Others (specify)</li> </ul> <ul> <li>Reason of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, etc.</li> <li>Address of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, etc.</li> <li>Number</li> <li>Name (Legal)</li> <li>Mare of Premises/ Building</li> <li>Floor No.</li> <li>Road/ Street</li> <li>Road/ Street</li> </ul>			Mobile (with country code)			Telephone		
6. <ul> <li>Ceased to be liable to pay tax</li> <li>Transfer of business on account of amalgamation, merger/ demerger, sale, lease or otherwise disposed of etc.</li> <li>Change in constitution of business leading to change in Permanent Account Number</li> <li>Death of Sole Proprietor</li> <li>Others (specify)</li> </ul> 7.         In case of transfer, merger of business, particulars of registration or entity in which merged, amalgamatamated etc.           (i)         Goods and Services Tax Identification Number           (ii) <ul> <li>Goods and Services Tax Identification Number</li> <li>Image: Control Contro Control Control Control Control Control Control Control Control C</li></ul>			email					
etc.         (i)       Goods and Services Tax Identification Number         (ii)       (a) Name (Legal)         (iii)       (b) Trade name, if any         (iii)       Address of Principal Place of Business         Building No./ Flat No.       Floor No.         Name of Premises/ Building       Road/ Street	6.	Cancellation (Select one)	<ul> <li>Ceased to be liable to pa</li> <li>Transfer of business of amalgamation, merge sale, lease or otherwise etc.</li> <li>Change in constitution leading to change in Account Number</li> <li>Death of Sole Proprieton</li> <li>Others (specify)</li> </ul>	ny tax on account of r/ demerger, e disposed of n of business in Permanent				
Tax       Identification         Number       Identification         (ii)       (a)       Name (Legal)         (b)       Trade name, if any       Building No./ Flat No.       Floor No.         (iii)       Address of Principal Place of Business       Building No./ Flat No.       Floor No.         Name of Premises/ Building       Road/ Street       Image: Content of Street		etc.	herger of business, particulars of	of registration o	f entity in	which merged, a	malgamate	d, transferred
(b) Trade name, if any		Tax Identification Number						
any     Building No./ Flat No.       (iii)     Address of Principal Place of Business     Building No./ Flat No.       Name of Premises/ Building     Road/ Street	(ii)	(a) Name (Legal)						
(iii)Address of Principal Place of BusinessBuilding No./ Flat No.Floor No.Name of Premises/ BuildingRoad/ Street								
Name of Premises/ Building Road/ Street	(iii)		-					
City/Town/ Village District			Name of Premises/ Building			Road/ Street		
			City/Town/ Village			District		
Block/Taluka			Block/Taluka					

	Latitude			Longitude					
	State				PIN Code				
	Mobile (with country code)				Telephone				
		email			Fax Number				
8.	Date from which registration is to be cancelled.			/					
0.	_		<i>.</i>		<dd mm="" yyyy=""></dd>				
9	Particulars of last Re	turn Filed							
(i) (ii)	Tax period Application Reference	e Number							
(iii)	Date								
10.	Amount of tax p registration.	ayable in respect of in	puts/capital	goods hel	d in stoc	ck on the effect	ctive date of	cancellation of	
	Da	scription	Value of		Input Tax Credit/ Tax Payable (which higher) (Rs.)		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								
11.	Details of tax paid	l, if any	1 1						
			Paymen	t from Casł	n 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	<b>C</b> ( )	T		Integrated	<u> </u>	
		•	Tax	State	1 ax	UT Tax Tax		Cess	
	1.								
	2.	Sub-Total							
		•							
10 5	Total Amount of	l ax Paid							
	Documents uploaded								
13. V	rification								
		ffirm and declare that the othing has been concealed			ein above	e is true and con	rrect to the bes	st of my/our	
					Signatur	re of Authorise	d Signatory		
Place	;			Name	of the Au	thorised Signa	tory		
Date				Desig	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 of Registration

Whereas on the basis of information which has come to my notice, it appears that your registration is liable to be cancelled for the following reasons: -

- 1 2 3
- ....

 $\Box$  You are hereby directed to furnish a reply to this notice within seven working days from the date of service of this notice .

□ You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM If you fail to furnish a reply within the stipulated date or fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

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	e 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	ove is true and correct to	ereby solemnly affirm and declare that to the best of my knowledge and belief
		Si	ignature of Authorised Signatory
			Name
			Designation/Status
	Place		
	Date		

Date

Date

[See rule 22(3)]

Reference No. -То Name Address GSTIN / UIN

Application Reference No. (ARN)

#### **Order for Cancellation of 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 no repry to notice to show eause has been submitted, of  $\Box$  Whereas on the day fixed for hearing you did not appear; or  $\Box$  Whereas the undersigned has examined your reply and submissions made at the time of hearing, and is of the opinion that your registration is liable to be cancelled for following reason(s).

1.

2.

The effective date of cancellation of your registration is <<DD/MM/YYYY >>.

#### **Determination of amount payable pursuant to cancellation:**

Accordingly, the amount payable by you and the computation and basis thereof is as follows:

The amounts determined as being payable above are without prejudice to any amount that may be found to be payable you on submission of final return furnished by you.

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	Cess
Tax					
Interest					
Penalty					
Others					
Total					

Place: Date:

Signature < Name of the Officer> Designation Jurisdiction

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[See rule 22(4) ]

Reference No. -To Name Address GSTIN/UIN

Show Cause Notice No.

Date

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 cancellatio	n						
7	Details of last return f	iled						
	Period of Return			Application Reference Number		Date of filin	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 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 Authorised Signatory Full Name (first name, middle, surname) Designation/Status							
	Place Date							
L	Duit							

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

Reference No. -

#### То

GSTIN / UIN (Name of Taxpayer) (Address)

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 revocation of cancellation of registration

This has reference to your application dated DD/MM/YYYY regarding revocation of cancellation of registration. Your application has been examined and the same is liable to be rejected for the following reasons: 1.

2.

3.

 $\Box$  You are hereby directed to furnish a reply to this notice within seven working days from the date of service of this notice.

□ You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM. If you fail to furnish a reply within the stipulated day or you fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

Signature Name of the Proper Officer Designation Jurisdiction

1.	Reference No. of Notice	Date	
2.	Application Reference No. (ARN)	Date	
3.	GSTIN, if applicable	I	
4.	Information/reasons		
5.	List of documents filed		
6.	Verification		
	I		affirm and declare that ur knowledge and belief
		Signature	of Authorised Signatory
			Name
	Place		
		De	signation/Status
	Date		

# *[See rule 23(3)]* **Reply to the notice for rejection of application for revocation of cancellation of registration**



# Form GST REG-25 [See rule 24(1)]

# **Certificate of Provisional Registration**

1.	Provisiona	al ID					
2.	Permanen Number	t Account					
3.	Legal Nar	ne					
4.	Trade Nat	ne					
5.	Registration Details under Existing Law						
		1	Act	Registration	n Num	ıber	
(a)							
(b)							
(c)							
Date	Date             Oate of creation of Certificate		ation of Certificate>	Place		<state></state>	

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

[See rule 24(2)]

	Арј	plication for Enrol	nent of Existing Taxpay	er
Taxpay	er Details			
1. Prov	visional ID			
	l Name (As per Permanent at Number )			
3. Lega	l Name (As per State/Center)	D		
4. Trac	le Name, if any			
5. Perm Busines	nanent Account Number of			
6. Cons	stitution			
7. State	;			
7A Sec applica	tor, Circle, Ward, etc. as ble			
7B. Cer	nter Jurisdiction			
8. Reas Registr	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	lumber		-
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 Partner Number/Foreign Limited Identification Number			
10	Import/Exporter Code Nu	umber		
11	Registration Under Duty Medicinal And Toiletry A			
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	•					1		
Office Email A	Address				Office-Telephone Nu	mber			
Mobile Numb	er				Office Fax No				
10A. Nature o	f Possession of Pren	nises	(Own; I	Leased	l; Rented; Consent; Sha	red)		I	
10B. Nature o	f Business Activities	s being carri	ed out						
Factory / Man	ufacturing 🔘	Wholesale	Business	<sup>s</sup> O	Retail Business	Wai	ehouse/I	Depot	0
Bonded Warel	house O	Service Pr	ovision	0	Office/Sale Office	Lea	sing Bus	iness	0
Service Recip	ient	EOU/ STR	P/ EHTP	0	SEZ	Inpu	ut Service	e Distribu	tor (ISD)
Works Contra	ct	Others (Sp	pecify)	0					
11. Details of	Additional Places of	Business			I				
Building No/F	Flat No				Floor No				
Name of the P	Premises/Building				Road/Street				
Locality/Villa	ge				District				
State					PIN Code				
Latitude (Opti	onal)				Longitude(Optional)				
Contact Inform	nation				I		1		
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; Sl	nared)			
11B.Nature of	Business Activities	being carrie	ed out						
Factory / Man	ufacturing	Wholesale	Business	s 🔿	Retail Business	Wai	ehouse/I	Depot	0
Bonded Warel	nded Warehouse O Service Provision			Office/Sale Office Leasing E		sing Bus	iness	0	
Service Recip	ient O	EOU/ STP/ EHTP			SEZ	Inpu	Input Service Distributor (ISD)		tor (ISD) 🔿
Works Contra	Works Contract   Others   (Specify)								
Add More					I				
12. Details of	Goods/ Services sup	pplied by the	e Busines	s					
Sr. No.	Description of Goo	ods					HSN C	ode	

Sr. No.	Description of Som	iner							HSN Code	
Sr. 10.	Description of Services								HSN Code	
13. Total Ba	nk Accounts maintain	ed by y	ou for conduc	cting B	Business					
Sr. No.	Account Number	Туре	of Account	IFSC	r,	Ban	nk Nam	e	Branch A	Address
	of Proprietor/all Pa f Associations/Board			ng Di	rectors and	ł wh	ole tin	ne Dire	ctor/Membe	ers of Managin
Name		<firs< td=""><td>t Name&gt;</td><td><mi< td=""><td>ddle Name:</td><td>&gt;</td><td></td><td><last< td=""><td>Name&gt;</td><td><photo></photo></td></last<></td></mi<></td></firs<>	t Name>	<mi< td=""><td>ddle Name:</td><td>&gt;</td><td></td><td><last< td=""><td>Name&gt;</td><td><photo></photo></td></last<></td></mi<>	ddle Name:	>		<last< td=""><td>Name&gt;</td><td><photo></photo></td></last<>	Name>	<photo></photo>
Name of Fatl	her/Husband	<firs< td=""><td>t Name&gt;</td><td><mi< td=""><td>ddle Name</td><td>&gt;</td><td></td><td><last< td=""><td>Name&gt;</td><td></td></last<></td></mi<></td></firs<>	t Name>	<mi< td=""><td>ddle Name</td><td>&gt;</td><td></td><td><last< td=""><td>Name&gt;</td><td></td></last<></td></mi<>	ddle Name	>		<last< td=""><td>Name&gt;</td><td></td></last<>	Name>	
Date of Birth	DD/ MM/ YYYY	Gend	er	1		<n< td=""><td>Male, Fo</td><td>emale, (</td><td>Other&gt;</td><td></td></n<>	Male, Fo	emale, (	Other>	
Mobile Num	ber			Ema	il Address					
Telephone N	umber									
Identity Info	rmation									
Designation		Direc	tor Identificat	ion Nu	umber					
Permanent Account Number		Aadh	aar Number							
Are you a cit	izen of India?		<yes no=""></yes>	Passport Number						
Residential A	Address		I							
Building No/	Flat No				Floor No					
Name of the	Premises/Building			Road/Str			eet			
Locality/Vill	age				District	ict				
State					PIN Code					
15. Details of	f Primary Authorised	Signate	ory							
Name		<firs< td=""><td>t Name&gt;</td><td><mi< td=""><td>ddle Name&gt;</td><td>&gt;</td><td colspan="2">- <last< td=""><td>Name&gt;</td><td></td></last<></td></mi<></td></firs<>	t Name>	<mi< td=""><td>ddle Name&gt;</td><td>&gt;</td><td colspan="2">- <last< td=""><td>Name&gt;</td><td></td></last<></td></mi<>	ddle Name>	>	- <last< td=""><td>Name&gt;</td><td></td></last<>		Name>	
Name of Father/Husband		<firs< td=""><td>t Name&gt;</td><td><mi< td=""><td>ddle Name&gt;</td><td>&gt;</td><td></td><td><last< td=""><td>Name&gt;</td><td>1</td></last<></td></mi<></td></firs<>	t Name>	<mi< td=""><td>ddle Name&gt;</td><td>&gt;</td><td></td><td><last< td=""><td>Name&gt;</td><td>1</td></last<></td></mi<>	ddle Name>	>		<last< td=""><td>Name&gt;</td><td>1</td></last<>	Name>	1
		DD / YYY	MM / Y	Gender			<male, fema<="" td=""><td>e, Other&gt;</td><td><photo></photo></td></male,>		e, Other>	<photo></photo>
Mobile Number				Ema	il Address	<u> </u>				-
Telephone N	umber			1				1		<u>I</u>
Identity Info	rmation									
Designation				Dire	ctor Identif	icatio	on Num	ber		

Permanent Account Number			Aadha	aar Number		
Are you a citizen of India?	<yes< td=""><td>/No&gt;</td><td></td><td>Passport Number</td><td></td><td></td></yes<>	/No>		Passport Number		
Residential Address						
Building No/Flat No				Floor No		
Name of the Premises/Building				Road/Street		
Locality/Village				District		
State				PIN Code		
Add More						
List of Documents Uploaded						
A customized list of documents r provision to upload relevant doc	-	-	-	•	•	be auto-populated with
16. Aadhaar Verification I on behalf of the holders of Aa		-				

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

			0 ,								
I <<(Na	me of the	authorised	signatory>>	hereby	solemnly	accord	my	acceptance	to act	as	authorised
signator	y for the abo	ove referred	business and	all my a	cts shall b	e bindin	g on	the business	3.		
								Signature	of		Authorised
Signator	У										
									Desig	enati	ion/Status
<b>D</b>										9	
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.	<ul> <li>Proof of Principal/Additional Place of Business: <ul> <li>(a) For Own premises –</li> <li>Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</li> <li>(b) For Rented or Leased premises –</li> <li>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.</li> <li>(c) For premises not covered in (a) and (b) above –</li> <li>A copy of the Consent Letter with any document in support of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.</li> </ul> </li> </ul>
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.	<ul> <li>Private Limited Company</li> <li>Public Limited Company</li> <li>Public Sector Undertaking</li> <li>Unlimited Company</li> <li>Limited Liability Partnership</li> <li>Foreign Company</li> <li>Foreign Limited Liability Partnership</li> </ul>	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:	<appl< td=""><td>ication for Enrolment of Existing Taxpayers&gt;</td></appl<>	ication for Enrolment of Existing Taxpayers>	
Date of Filing	:	<dd mm="" yyyy=""></dd>	
Taxpayer Trade Name	:	<trade name=""></trade>	
Taxpayer Legal Name	:	<legal as="" by="" center="" name="" shared="" state=""></legal>	
Provisional ID Number : <provisional id="" number=""></provisional>			
It is a system generated acknowledgement and does not require any signature			

[See rule -24(3)]

Reference No. To Provisional ID Name Address

Application Reference Number (ARN) < >

# <<Date-DD/MM/YYYY>>

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

-

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)]

Reference No. -

То Name Address GSTIN / Provisional ID

# Application Reference No. (ARN)

<< Date-DD/MM/YYYY>>

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 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	Cess
Tax					
Interest					
Penalty					
Others					
Total					

< Name of the Of Designation	Place:	
Designation	Date:	Signature
		< Name of the Officer>
		Designation
Jurisdiction		Jurisdiction

[See rule 24(4)]

# Application for cancellation of provisional registration Part A

(i) Provisional ID				
(ii) Email ID				
(iii) Mobile Number				
	Pa	rt B		
1. Legal Name (As per Permanent Account Number)				
2. Address for corresponder	nce			
Building No./ Flat No.		Floor No.		
Name of Premises/ Building		Road/ Street		
City/Town/ Village/Locality				
Block/Taluka				
State		PIN		
3. Reason for Cancellation				
4. Have you issued any tax invoice during GST regime? YES NO				
<ul> <li>5. Declaration</li> <li>(i) I <name authorised="" karta="" of="" proprietor="" signatory="" the="">, being <designation> of <legal ()="" name=""> do</legal></designation></name></li> </ul>				
	not liable to registration und	ter the provisions of the Act.		
6. 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.				
Aadhaar Number Permaner		ent Account Number		
Signature of Authorised 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	
1.	Date of Visit		
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 application.	Y / N	
	Particulars of the person available at the		
5.	time of visit		
(i)	Name		
(i)	Father's Name		
(iii)	Residential Address		
(iv)	Mobile Number		
(v)	Designation / Status		
(vi)	Relationship with taxable person, if		
(11)	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	
9.	Upload photograph of the place with the person who is present at the place where site verification is conducted.		
10.	Comments (not more than < 1000 characters>		
10.		Signature	
	Place:	Name of the Officer:	
	Date:	Designation:	
		Jurisdiction:	

# (M.G.Kiran) Principal Secretary