

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

**Form GST REG-01**

[See Rule ----]

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

**Part -A**

1	<b>Legal Name of the Business ( As mentioned in PAN)</b>	
2A	<b>PAN</b> (Enter PAN of the Business; PAN of Individual in case of Proprietorship concern)	
2B	<b>Email Address</b>	
2C	<b>Mobile Number</b>	

**Note** - Information submitted at Sr. No. 1 to 2C above is subject to online verification before proceeding to fill up Part-B.

**Part -B**

3	<b>Trade Name (Optional)</b>				
4	<b>Constitution of Business (Please Select the Appropriate)</b>				
	Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	
	Hindu Undivided Family	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>	
	Public Limited Company	<input type="checkbox"/>	Society/Club/Trust/Association of Persons	<input type="checkbox"/>	
	Government Department	<input type="checkbox"/>	Public Sector Undertaking	<input type="checkbox"/>	
	Unlimited Company	<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>	
	Local Authority	<input type="checkbox"/>	Statutory Body	<input type="checkbox"/>	
	Foreign Limited Liability Partnership	<input type="checkbox"/>	Foreign Company Registered (in India)	<input type="checkbox"/>	
	Others ( Please Specify )	<input type="checkbox"/>		<input type="checkbox"/>	
5	Name of the State	<input type="text"/>	District	<input type="text"/>	
5A	Sector, Circle, Ward, etc. as applicable				
5B	Center Jurisdiction	<input type="text"/>			
6	<b>Option For Composition</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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



Type of Account		IFSC
Bank Name		
Branch Address	To be auto-populated (Edit mode)	

**Note – Add more accounts -----**

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

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

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

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

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

Number of additional places	
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Premises 1

**Details of Additional Place of Business**

Building No/Flat No		Floor No							
Name of the Premises/Building		Road/Street							
Locality/Village		City/District							
State		PIN Code	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
<b>Contact Information</b>									
Office Email Address		Office Telephone number	STD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

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

**Note – Add more -----**

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

Particulars	First Name	Middle Name	Surname
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
PAN		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	

Residential Address			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
Locality/Village		City/District	

State		PIN Code							
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Note – Add more -----

### 18. Details of Authorized Signatory

Checkbox for Primary Authorized Signatory

Details of Signatory No. 1

Particulars	First Name	Middle Name	Surname
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
PAN		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	

### Residential Address

Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
Locality/Village		City/District	
State		PIN Code	

Note – Add more ---

### 19. Details of Authorized Representative

Enrolment ID			
	First Name	Middle Name	Last Name
Name of Person			
Status			

<b>Mobile Number</b>											
<b>Email address</b>											
<b>Telephone No. with STD</b>					<b>FAX No. with STD</b>						

**20. State Specific Information**

Professional Tax Employee Code (EC) No.

Professional Tax Registration Certificate (RC) No.

State Excise License No. and the

Name of the person in whose name Excise License is held

- a. *Field 1*
- b. *Field 2*
- c. ....
- d. ....
- e. *Field n*

**21. Document Upload**

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

**22. 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.*

**23. Verification (by authorized signatory)**

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

Place Name of Authorized Signatory .....

Date Designation /Status.....

**E-Sign / Digital Signature**

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

1.	<p><b>Photographs</b> (wherever specified in the Application Form)</p> <p>(a) Proprietary Concern – Proprietor</p> <p>(b) Partnership Firm / LLP – Managing/Authorized/Designated Partners (personal details of all partners is to be submitted but photos of only ten partners including that of Managing Partner is to be submitted)</p> <p>(c) HUF – Karta</p> <p>(d) Company – Managing Director or the Authorised Person</p> <p>(e) Trust – Managing Trustee</p> <p>(f) Association of 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)</p> <p>(g) Local Authority – CEO or his equivalent</p> <p>(h) Statutory Body – CEO or his equivalent</p> <p>(i) Others – Person in Charge</p>
2.	<p><b>Constitution of Taxpayer:</b> 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.</p>
3.	<p><b>Proof of Principal/Additional Place of Business:</b></p> <p><b>(a) For Own premises –</b></p> <p>Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</p> <p><b>(b) For Rented or Leased premises –</b></p> <p>A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.</p> <p><b>(c) For premises not covered in (a) &amp; (b) above –</b></p> <p>A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.</p>
4	<p><b>Bank Account Related Proof:</b></p> <p>Scanned copy of the first page of Bank passbook / one page of Bank Statement</p> <p>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.</p>
5	<p><b>Authorization Form:-</b></p> <p>For each Authorised Signatory mentioned in the application form, Authorization or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format:</p> <p><b>Declaration for Authorised Signatory (Separate for each signatory)</b></p>

	<p>I/We ---</p> <p><b>(Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc)</b></p> <p>1. &lt;&lt; Name of the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc&gt;&gt;</p> <p>2.</p> <p>3.</p> <p>hereby solemnly affirm and declare that &lt;&lt;name of the authorized signatory&gt;&gt; to act as an authorized signatory for the business &lt;&lt; GSTIN - Name of the Business&gt;&gt; for which application for registration is being filed/ is registered under the Goods and Service Tax Act, 20__.</p> <p>All his actions in relation to this business will be binding on me/ us.</p> <p>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.</p> <p>S. No. Full Name Designation/Status Signature 1.</p> <p>2.</p> <p><b>Acceptance as an authorized signatory</b></p> <table border="1" style="width: 100%;"> <tr> <td colspan="2">I &lt;&lt;(Name of the authorized signatory)&gt;&gt; hereby solemnly accord my acceptance to act as authorized signatory for the above referred business and all my acts shall be binding on the business.</td> </tr> <tr> <td style="width: 60%;">Place</td> <td style="text-align: right;">Signature of Authorised Signatory (Name)</td> </tr> <tr> <td>Date</td> <td style="text-align: right;">Designation/Status</td> </tr> </table>	I <<(Name of the authorized signatory)>> hereby solemnly accord my acceptance to act as authorized signatory for the above referred business and all my acts shall be binding on the business.		Place	Signature of Authorised Signatory (Name)	Date	Designation/Status
I <<(Name of the authorized signatory)>> hereby solemnly accord my acceptance to act as authorized signatory for the above referred business and all my acts shall be binding on the business.							
Place	Signature of Authorised Signatory (Name)						
Date	Designation/Status						

**Instruction for filling Application for New Registration.**

1. Enter Name of taxpayer as recorded on PAN of the Business. In case of Proprietorship concern, enter name of proprietor at Legal Name and mention PAN of the proprietor. PAN shall be verified with Income Tax database.
2. Provide Email Id and Mobile Number of primary authorized signatory for verification and future communication which will be verified through One Time Passwords to be sent separately, before filling up Part-B of the application.
3. Applicant need to upload scanned copy of the declaration signed by the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. in case the business declares a person as Authorised Signatory.

4. Following person can digitally sign application for New Registration: -

<b>Constitution of Business</b>	<b>Person who can digitally sign the application</b>
<b>Proprietorship</b>	Proprietor
<b>Partnership</b>	Managing / Authorized Partners
<b>Hindu Undivided Family</b>	Karta
<b>Private Limited Company</b>	Managing / Whole-time Directors and Key Managerial Persons
<b>Public Limited Company</b>	Managing / Whole-time Directors and Key Managerial Person
<b>Society/ Club/ Trust/ AOP</b>	Members of Managing Committee
<b>Government Department</b>	Person In charge
<b>Public Sector Undertaking</b>	Managing / Whole-time Director and Key Managerial Person
<b>Unlimited Company</b>	Managing/ Whole-time Director and Key Managerial Person
<b>Limited Liability Partnership</b>	Designated Partners
<b>Local Authority</b>	Chief Executive Officer ( CEO) or Equivalent
<b>Statutory Body</b>	Chief Executive Officer ( CEO) or Equivalent
<b>Foreign Company</b>	Authorized Person in India
<b>Foreign Limited Liability Partnership</b>	Authorized Person in India
<b>Others</b>	Person In charge

5. Information in respect of Authorized Representative is optional. Please select your Authorized representative from the list as provided under Tax Return Preparer (TRP).

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	Digital Signature required
1.	Private Limited Company Public Limited Company Public Sector Undertaking Unlimited Company Limited Liability Partnership Foreign Company Foreign Limited Liability Partnership	Digital Signature Certificate(DSC)
2.	Other than above	Digital Signature Certificate e-Signature or as may be notified

8. All information related to PAN, Aadhaar, DIN, CIN shall be online validated by the system and Acknowledgment Receipt Number will be generated after successful validation of all the filled information.

9. Status of the online filed Application can be tracked on the Common Portal.

10. No fee is payable for filing application for registration.

11. Authorised signatory should not be a minor.

12. Any person having multiple business verticals within a State, requiring a separate registration for any of its business verticals under sub-section (2) of section 19 shall need to apply in respect of each of the verticals subject to the following conditions: Such person has more than one business vertical as defined under sub-section (18) of section 2 of the Act.

13. A registered taxable person eligible to obtain separate registration for business verticals may file separate application in FORM GST REG-1 in respect of each such vertical.

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

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