

Form GST -TRP -1

[See Rule]

Application for Enrolment as Tax Return Preparer under Goods and Services Tax Act, <<20...>>

| S. No. | Particulars | M/O/D | |
|--------|---|-------|---|
| 1. | Type of Application | M | New <input type="checkbox"/> Renewal <input type="checkbox"/> |
| 2. | Enrolling Authority | M | Centre Authority <input type="checkbox"/> State Authority <input type="checkbox"/> |
| 3. | State | M | |
| 4. | Jurisdiction | M | |
| 5. | Period of Enrolment | M | From To |
| 6. | Enrolment sought as: | M | |
| 6.1 | Chartered Accountant holding COP | | |
| 6.2 | Company Secretary holding COP | | |
| 6.3 | Cost & Management Accountant holding COP | | |
| 6.4 | Lawyer currently licensed to practice | | |
| 6.5 | Retired employee of Centre / State Revenue Department | | |
| 6.6 | Others | | |
| 7. | Applicant Details | | |

| | | | |
|-----|-----------------------------------|----------|--|
| 7.1 | Name | | |
| 7.2 | Date of Birth | M | |
| 7.3 | Gender | M | |
| 7.4 | Aadhar | O | |
| 7.5 | PAN | M | |
| 7.6 | Mobile Number | M | |
| 7.7 | Landline Number | O | |
| 7.8 | E Mail Id | M | |
| 8. | Professional Address | M | |
| | Building No./ Flat No./ Door No. | | |
| | Floor No. | | |
| | Name of the Premises/ Building | | |
| | Road/ Street Lane | | |
| | Locality / Area /Village | | |
| | District | | |
| | State | | |
| | PIN Code | | |
| 9. | Qualification Details | M | |
| | Qualifying Degree | | |
| | Affiliation University/ Institute | | |

| | | | |
|--|-------------------------------|--|--|
| | Membership/ Enrolment Number | | |
| | Date of Enrolment/ Membership | | |
| | Membership Valid up to | | |

10. Verification and Declaration

I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed their form.

Signature of Authorized Signatory (Tax Return Preparer)

E-Sign/ DSC

Full Name (first name, middle, last name)

Place

Date