

**ANNEXURE-III
Form GST –**

[See Rule ___]

Application for Registration under Goods and Services Tax Act, Year

1	Legal Name of Business*	
1A	Trade Name (optional)	

2	Constitution of Business (Please Select the Appropriate)*
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Proprietorship	<input type="radio"/>	Partnership	<input type="radio"/>
Hindu Undivided Family	<input type="radio"/>	Private Limited Company	<input type="radio"/>
Public Limited Company	<input type="radio"/>	Society/Club/Trust/Association of Persons	<input type="radio"/>
Government Department	<input type="radio"/>	Public Sector Undertaking	<input type="radio"/>
Unlimited Company	<input type="radio"/>	LLP's	<input type="radio"/>
Local Authority	<input type="radio"/>	Statutory Body	<input type="radio"/>
Others (Please Specify)	<input type="radio"/>		

In case of Proprietorship*


3	Name of Proprietor	
4	PAN of the proprietor	

In case of other Businesses*

4A	PAN of the Business	
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5	Name of the State and its Code*	Drop down for Name of State & Codes	
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6	Option For Composition	Yes <input checked="" type="radio"/>	No <input type="radio"/>
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7	Date of commencement of business	D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y
8	Date on which liability to pay tax arises	D	D	M	M	Y	Y	Y	Y
9	Estimated supplies (in case of casual dealers)								
	Period for which registration is required –								
	From								
	To								
10	Reason of liability to obtain registration (from the dropdown)								

(1) Due to crossing the Threshold

- (2) Due to inter-State supply
- (3) Due to liability to pay as recipient of services
- (4) Due to being Input Service Distributor (ISD)
- (5) UN bodies for allotment of Unique Identification Number (ID)
- (6) Due to transfer of Business which includes change in the ownership of business (if transferee is not a registered entity)
- (7) Due to death of the Proprietor (if the successor is not a registered entity)
- (8) Due to de-merger
- (9) Due to change in constitution of business
- (10) Due to Merger /Amalgamation of two or more registered taxpayers
- (11) Being casual Dealer
- (12) Being Non resident Dealer
- (13) None of the above – on voluntary basis

11 Indicate Existing Registrations

	Yes/No	Registration Details
Central Excise		
Service Tax		
State VAT Registration (TIN)		
CST Registration No		
IEC No.(Importer Exporter Code Number)		
Corporate Identity Number (CIN)		
GSTIN		

12 Details of Principal Place of Business*

ADDRESS										
Building No/Flat No/Door No							Floor No			
Name of the Premises/Building					Road/Street/Lane					
Locality/Area/Village					District/Town/City					
Latitude (optional)					Longitude (optional)					
PIN Code										
CONTACT DETAILS										
Telephone number							Fax Number			
Mobile Number										
Email Address										
Nature of possession of premises										
Owned	<input type="radio"/>	Leased	<input type="radio"/>	Rented	<input type="radio"/>	Consent	<input type="radio"/>	Shared	<input type="radio"/>	

Please Tick the Nature of Business Activity being carried out at above mentioned Premises					
Factory / Manufacturing	<input type="radio"/>	Wholesale Business	<input type="radio"/>	Retail Business	<input type="radio"/>
Warehouse/Deport	<input type="radio"/>	Bonded Warehouse	<input type="radio"/>	Service Provision	<input type="radio"/>
Office/Sale Office	<input type="radio"/>	Leasing Business	<input type="radio"/>	Service Recipient	<input type="radio"/>
EOU/ STP/ EHTP	<input type="radio"/>	SEZ	<input type="radio"/>	Input Service Distributor (ISD)	<input type="radio"/>

Works Contract	<input type="radio"/>				
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13. Details of Bank Accounts (s)

Total number of Bank Accounts maintained by the applicant for conducting business	
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Details of Bank Account 1

Account Number															
Type of Account											IFSC				
Name of the Bank															
Branch and Address of the Bank & Branch	To be auto-populated (Edit mode)														
PIN Code														State	

Details of Bank Account 2

Account Number														
Type of Account														
Name of the Bank														
Branch and Address of the Bank & Branch	To be auto-populated (Edit mode)													
PIN Code														State

Details 3...n (Multiple fields will be available to capture the details of all the additional Bank A/c)

14 Details of the Goods/Commodities supplied by the Business

Please specify top 5 Commodities		
S.N o.	Description of Goods	HSN Code (4 digit code)
1		
2		
...		
5		

15 Details of Services supplied by the Business.

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

2		

5		

16 Details of Additional Place of Business

Number of additional places	
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Premises 1

Details of Additional Place of Business

ADDRESS									
Building No/Flat No/Door No					Floor No				
Name of the Premises/Building					Road/Street/Lane				
Locality/Area/Village					District/Town/City				
PIN Code									
CONTACT DETAILS									
Telephone number					Fax Number				
Mobile Number									
Email Address									
Nature of possession of premises									
Owned	<input type="radio"/>	Leased	<input type="radio"/>	Rented	<input type="radio"/>	Consent	<input type="radio"/>	Shared	<input type="radio"/>

Please Tick the Nature of Business Activity being carried out at above mentioned Premises					
Factory / Manufacturing	<input type="radio"/>	Wholesale Business	<input type="radio"/>	Retail Business	<input type="radio"/>
Warehouse/Deport	<input type="radio"/>	Bonded Warehouse	<input type="radio"/>	Service Provision	<input type="radio"/>
Office/Sale Office	<input type="radio"/>	Leasing Business	<input type="radio"/>	Service Recipient	<input type="radio"/>
EOU/ STP/ EHTP	<input type="radio"/>	SEZ	<input type="radio"/>	Input Service Distributor (ISD)	<input type="radio"/>
Works Contract	<input type="radio"/>				

Premises 2.....n (Multiple fields will be available to capture the details of all the additional places of business within the state)

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

Total Number of Persons

Please provide details in the table below. In case you need more tables, click on add table

- In case of **Proprietorship**: Details of Owner/Proprietor
- In case of **Partnership**: Details of **all Managing/ Authorized Partners** (personal details of all partners but photos of only ten partners including that of Managing Partner is to be submitted)
- In case of **Companies** registered under Companies Act: **Managing Director and whole time directors**
- In case of **HUF**: Details of **Karta of HUF**

- In case of **Trust**: Details of **Managing Trustee**
- In case of **Association of Persons**: Details of Members of Managing Committee(personal details of all members but photos of only ten members including that of Chairman is to be submitted)
- In case of Local Authority: Details of CEO or equivalent
- In case of Statutory Body: Details of CEO or equivalent
- In case of others: Details of person responsible for day to day affairs of the business

	First Name	Middle Name	Surname
Name of Person			
Name of Father /Husband			
Designation			Date of Birth
			DD MM YYYY
PAN			
Passport No (in case of foreigners)			
UID No			
DIN No. (if any)			

Mobile Number											
E-mail address						Gender	M	<input type="radio"/>	F	<input type="radio"/>	
Telephone No						FAX No					

Residential Address					
Building No/Flat No/Door No			Floor No		
Name of the Premises/Building			Road/Street/Lane		
Locality/Area/Village			District/Town/City		
PIN Code					State

Details 2...n (Multiple fields will be available to capture the details of other persons)

18 Details of Authorized Signatory

Number of Authorized Signatory

Details of Signatory No. 1

	First Name	Middle Name	Surname
Name of Person			
Name of Father / Husband			
Designation			Date of Birth
			DD MM YYYY
PAN			

UID No													
DIN No. (if any)													
Mobile Number													
E-mail address									Gender	M	<input type="radio"/>	F	<input type="radio"/>
Telephone No								FAX No					
Residential Address													
Building No/Flat No/Door No							Floor No						
Name of the Premises/Building							Road/Street/Lane						
Locality/Area/Village							District/Town/City						
PIN Code							State						

Details 2....n (Multiple field will be available to capture the details of other authorized persons)

19 Details of Authorized Representative (TRP / CA / Advocate etc.)

	First Name	Middle Name	Surname										
Name of Person													
Status	TRP / CA / Advocate etc.												
Mobile Number													
E-mail address													
Telephone No								FAX No					

20 State Specific Information

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

21 Document Upload

A customized list of documents required to be uploaded (as detailed in para 6.3 of the process document) as per the field values in the form should be auto-populated with provision to upload relevant document against each entry in the list.

22 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

Place
Date

Name of Authorized Signatory
Designation

Instructions to Taxable Person

1. **Field 4:**In case of Proprietary concerns, only PAN of the Proprietor will be required while in case of other business entities, only PAN of the business will be required.
2. **Field 4A:**PAN should be in same name as the Legal Name in Field 1.
3. **Field 6:** If “Yes” option is selected, the applicant will be asked to confirm that the likely all-India annual turnover including exports and exempted supplies during next 12 months (**depending on the exact legal formulation to be made by the GST Drafting Law Committee**) is below Rs. Lakh.
4. **Field 17:** In case of multiple authorized signatories provided by the Dealer, any one of them can sign this form as Authorized Signatory
5. **Field marked with * are mandatory fields.** Any changes in these fields require approval from proper officer.

All communication will be made to the Mobile Number and e-mail mentioned in Principal Place of Business.

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Suggestions for System Development

1. Pin Code should be the field requiring primary data, and the other two field should get auto-populated (based on master values) with option to enter locality/area/village if that is not in the portal master. Alternatively, a validation between PIN Code and Locality/Area/Village and District/Town/City should be inbuilt.
2. For Field No 17 (i.e. Details of Proprietor / all partners / Karta / Managing Director and whole-time Director / Members of the Managing Committee of Association of Persons / Board of Trustees etc.) and Field No 18 (Details of the Authorised Signatory) providing PAN would be mandatory for Indian nationals. For foreign national passports details would be required.
3. In Field 10, there should be an option to enter details of multiple entities which are merged

and the application is on behalf of the merged entity

4. In Field No. 9 (Period for which registration is required – From/ To) validity period of registration is captured. The “From Date” is mandatory for all dealers but the “To Date” should be mandatory only for Casual/non-resident Dealers. Following validation needs to be built in
 - Inserting of a radio buttons – Whether regular dealer or Casual/non-resident dealer
 - In case of Casual/non-resident dealer – both from date and to date are enabled, and both are mandatory fields. Further, the “from date” could be retrospective date (in view of para 2.1 (2)).
 - In case of Regular dealer – only from date is enabled and is mandatory and this could be retrospective date (in view of para 2.1 (2)).
 - Further, the system must be able to display all the previous registrations obtained as Casual/non-resident Dealer with from date and to date and the LVO in which he was registered and arrears of amounts if any standing in his name.
5. Field No. 10 (Reason of liability to obtain registration) should not be enabled for casual dealers. Voluntary registration is to be enabled.
6. Field No. 11 (Indicate existing registrations) – Following state specific fields need to be captured:
 - Professions Tax E.C. No.
 - Professions Tax R.C. No.
 - State Excise License No. and the name of the person in whose name Excise Licence is held.
7. For Field No. 12 (Details of Principal Place of Business) and Field No. 16 (Details of Additional Place of Business), it is required to display the earlier places of business – i.e. Address, From date and To date from the History Table, for the efficiency of tax administration. Though this may not be useful in new registrations, it is required in case of amendments, when the addresses are changed, additional places are added or deleted. This would not need modification in the registration format and business process, but the software/database should take care of the displaying these details when an amendment form is being filled or when the departmental officer views it. In case of casual dealers, principal place of business will be the place where he will run his business.

