FORM GST ENR-01

*[See rule 58(1)]*

Application for Enrolment under section 35(2)

*[only for un-registered persons]*

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| 1. | Name of the State |  |
| 2. | (a) Legal name |  |
|  | (b) Trade Name, if any |  |
| (c) PAN |  |
| (d) Aadhaar (applicable in case of proprietorship concerns only) |  |
| **3.** | **Type of enrolment** |
| (i) Warehouse or Depot |  | (ii) Godown |  |
| (iii) Transport services |  | (iv) Cold Storage |  |
| **4.** | **Constitution of Business (Please Select the Appropriate)** |
| (i) Proprietorship or HUF |  | (ii) Partnership |  |
| (iii) Company |  | (iv) Others |  |
| **5.** | **Particulars of Principal Place of Business** |
| *(a)* | *Address* |
| Building No. or Flat No. |  | Floor No. |  |
| Name of thePremises or Building |  | Road or Street |  |
| City or Town or Locality orVillage |  | Taluka or Block |  |
| District |  |  |  |
| State |  | PIN Code |  |
| Latitude |  | Longitude |  |
| *(b)* | *Contact Information (the email address and mobile number will be used for authentication)* |
| Email Address |  | Telephone | STD |  |
| Mobile Number |  | Fax | STD |  |
| *(c)* | *Nature of premises* |
| Own | Leased | Rented | Consent | Shared | Others (specify) |
| 6. | Details of additional place of business – Add for additional place(s) of business, if any(Fill up the same information as in item 5 [(a), (b), and (c)] |

|  |  |
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| 7. | 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.* |
| 8. List of documents uploaded (Identity and address proof) |
| 9. VerificationI 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: |  | SignatureName of Authorised Signatory |
| **For Office Use:** |
| Enrolment no | Date- |