# FORM GSTREG-01

*[Seerule8(1)]*

# ApplicationforRegistration

(Other than a non-resident taxable person,a person required to deduct tax at source under section 51and a person required to collect tax at source under section 52 and a person supplying onlineinformation and database access or retrieval services from a place outside India to a non-taxableonlinerecipientreferredtoin section 14ofthe IntegratedGoodsand ServicesTaxAct, 2017)

# Part–A

State/UT– District**-**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (i) | LegalNameoftheBusiness:  *(AsmentionedinPermanent Account Number)* | | | | | | |  | | |
| (ii) | PermanentAccount Number :  *(Enter* Permanent Account Number*of the Business;* Permanent Account Number*ofIndividualin case ofProprietorship concern)* | | | | | | |  | | |
| (iii) | EmailAddress: | | | | | | |  | | |
| (iv) | MobileNumber: | | | | | | |  | | |
| ***Note*-***InformationsubmittedaboveissubjecttoonlineverificationbeforeproceedingtofillupPart-B.*  *Authorisedsignatoryfilingtheapplicationshall providehismobilenumberandemailaddress.* | | | | | | | | | | |
| **Part –B** | | | | | | | | | | |
| 1. | | TradeName,ifany | | |  | | | | | |
| 2. | | ConstitutionofBusiness(PleaseSelecttheAppropriate) | | | | | | | | |
| (i)Proprietorship | | | |  | (ii)Partnership | | | | |  |
| (iii)HinduUndividedFamily | | | |  | (iv)PrivateLimitedCompany | | | | |  |
| (v)PublicLimitedCompany | | | |  | (vi)Society/Club/Trust/AssociationofPersons | | | | |  |
| (vii)GovernmentDepartment | | | |  | (viii)PublicSectorUndertaking | | | | |  |
| (ix)UnlimitedCompany | | | |  | (x)LimitedLiabilityPartnership | | | | |  |
| (xi)LocalAuthority | | | |  | (xii)StatutoryBody | | | | |  |
| (xiii) Foreign Limited LiabilityPartnership | | | |  | (xiv)ForeignCompanyRegistered(inIndia) | | | | |  |
| (xv)Others(Pleasespecify) | | | |  |  | | | | |  |
| 3. | | | Nameof theState | **⏏** | | District | | | **⏏** | |
| 4. | | | Jurisdiction | State | | | Centre | | | |
| Sector,Circle,Ward,  Unit,etc.others | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | (specify) | |  | | | | | |
| 5. | OptionforComposition | | Yes No | | | | | | | |
| 6. CompositionDeclaration  Ih bydeclarethattheaforesaidbusinessshallabidebytheconditionsandrestrictionsspecifiedintheActortherules for optingto paytax under the compositionscheme. | | | | | | | | | | |
| 6.1 CategoryofRegisteredPerson<tickincheckbox> | | | | | | | | | | |
| (i)Manufacturers,otherthanmanufacturersofsuchgoodsasmaybenotifiedbytheGovernment for which option isnotavailable | | | | | | | | |  | |
| (ii)Suppliers makingsuppliesreferred toinclause(b)ofparagraph 6 ofSchedule II | | | | | | | | |  | |
| (iii)Anyothersuppliereligibleforcompositionlevy. | | | | | | | | |  | |
| 7. | Dateofcommencement ofbusiness | | | DD/MM/YYYY | | | | | | |
| 8. | Dateonwhichliabilitytoregisterarises | | | DD/MM/YYYY | | | | | | |
| 9. | Are you applying for registration as acasualtaxableperson? | | | Yes | | | No | | | |
| 10. | Ifselected‗Yes‘inSr.No.9,periodforwhichregistration isrequired | | | From  DD/MM/YYYY | | | To  DD/MM/YYYY | | | |
| 11. | Ifselected‗Yes‘inSr.No.9,estimatedsuppliesandestimatednettaxliabilityduringtheperiodofregistration | | | | | | | | | |
| Sr. No. | Type ofTax | | | Turnover(Rs.) | | | NetTaxLiability(Rs.) | | | |
| (i) | IntegratedTax | | |  | | |  | | | |
| (ii) | CentralTax | | |  | | |  | | | |
| (iii) | StateTax | | |  | | |  | | | |
| (iv) | UTTax | | |  | | |  | | | |
| (v) | Cess | | |  | | |  | | | |
|  | Total | | |  | | |  | | | |
|  | PaymentDetails | | |  | | |  | | | |
|  | Challan IdentificationNumber |  | | Date | |  | Amount | | |  |
| [12. | Are you applying for registration as aSEZUnit? | | | Yes | | | No | | | |
|  | (i)SelectnameofSEZ | | |  | | |  | | | |
| (ii)Approvalordernumberanddateoforder | | |  | | |  | | | |
| (iii)Periodofvalidity | | | From | DD/MM/YYYY | | To | DD/MM/YYYY | | |

ere

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | (iv)Designationofapprovingauthority |  | | |  | |
| 13. | Are you applying for registration as aSEZDeveloper? | Yes | | | No | |
|  | (i)Select nameof SEZDeveloper |  | | |  | |
| (ii)Approvalordernumberanddateoforder |  | | |  | |
| (iii)Periodofvalidity | From | | DD/MM/YYYY | To | DD/MM/YYYY |
| (iv)Designationofapprovingauthority |  | | | ]3 | |
| 14. | Reasontoobtainregistration: | | | | | |
| (i)Crossingthethreshold | | (viii)Merger/amalgamationoftwoormore  registeredpersons | | | |
| (ii)Inter-Statesupply | | (ix)InputServiceDistributor | | | |
| (iii)Liabilityto paytaxasrecipientofgoods or  servicesu/s9(3)or9(4) | | (x)Person liabletopaytaxu/s 9(5) | | | |
| (iv)Transferofbusinesswhichincludeschangeinthe ownership of business  (iftransfereeisnot aregisteredentity) | | (xi) Taxableperson supplying through e-Commerceportal | | | |
| (v)Deathoftheproprietor  (ifthesuccessorisnotaregisteredentity) | | (xii)VoluntaryBasis | | | |
| (vi)De-merger | | (xiii) Persons supplying goods and/or services onbehalfof othertaxable person(s) | | | |
| (vii)Changeinconstitutionofbusiness | | (xiv)Others(Notcoveredabove)–Specify | | | |
| 15. | Indicateexistingregistrationswhereverapplicable | | | | | |
| Registrationnumber underValueAddedTax | | |  | | | |
| CentralSalesTaxRegistrationNumber | | |  | | | |
| EntryTaxRegistrationNumber | | |  | | | |
| EntertainmentTaxRegistration Number | | |  | | | |
| HotelandLuxuryTaxRegistrationNumber | | |  | | | |
| CentralExciseRegistrationNumber | | |  | | | |
| ServiceTaxRegistrationNumber | | |  | | | |
| CorporateIdentifyNumber/ForeignCompanyRegistrationNumber | | |  | | | |
| LimitedLiabilityPartnershipIdentificationNumber/ForeignLimitedLiabilityPartnershipIdentificationNumber | | |  | | | |

3Substituted videNotfno.02/2020-CTdt01.01.2020

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Importer/ExporterCodeNumber | | | | | | |  | | | | | |
| Registration number under Medicinal and ToiletPreparations(Excise Duties)Act | | | | | | |  | | | | | |
| Registrationnumber underShopsandEstablishmentAct | | | | | | |  | | | | | |
| TemporaryID,ifany | | | | | | |  | | | | | |
| Others(Please specify) | | | | | | |  | | | | | |
| 16. | (a)AddressofPrincipalPlaceofBusiness | | | | | | | | | | | |
| BuildingNo./FlatNo. | | | | | | | FloorNo. | | | | | |
| NameofthePremises/Building | | | | | | | Road/Street | | | | | |
| City/Town/Locality/Village | | | | | | | District | | | | | |
| Taluka/Block | | | | | | |  | | | | | |
| State | | | | | | | PINCode | | | | | |
| Latitude | | | | | | | Longitude | | | | | |
| (b)ContactInformation | | | | | | | | | | | | |
| OfficeEmailAddress | | |  | | | OfficeTelephonenumber | | | | STD |  | |
| MobileNumber | | |  | | | OfficeFaxNumber | | | | STD |  | |
| (c)Natureofpremises | | | | | | | | | | | | |
| Own | | Leased | | | Rented | | Consent | | Shared | | Others(specify) | |
| (d)Natureofbusiness activitybeingcarriedoutatabovementionedpremises(Pleasetickapplicable) | | | | | | | | | | | | |
| Factory/ Manufacturing | | | |  | WholesaleBusiness | |  | RetailBusiness | | | |  |
| Warehouse/Depot | | | |  | Bonded Warehouse | |  | Supplierofservices | | | |  |
| Office/SaleOffice | | | |  | LeasingBusiness | |  | Recipient ofgoodsorservices | | | |  |
| EOU/STP/ EHTP | | | |  | WorksContract | |  | Export | | | |  |
| Import | | | |  | Others(Specify) | |  |  | | | |  |

1. DetailsofBankAccounts(s)

|  |  |
| --- | --- |
| Total number of Bank Accounts maintained by the applicant for conductingbusiness  *(Upto10 BankAccountstobereported)* |  |

Detailsof BankAccount 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AccountNumber |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Typeof Account |  | | | | | | IFSC | | | | | | | | |
| BankName |  | | | | | | | | | | | | | | |
| BranchAddress | Tobeauto-populated(Editmode) | | | | | | | | | | | | | | |

Note–Addmoreaccounts------

1. DetailsoftheGoodssuppliedbythe Business

|  |  |  |
| --- | --- | --- |
| Pleasespecifytop5Goods | | |
| Sr.  No. | DescriptionofGoods | HSNCode(Fourdigit) |
| (i) |  |  |
| (ii) |  |  |
| … |  |  |
| (v) |  |  |

1. DetailsofServicessuppliedbytheBusiness.

|  |  |  |
| --- | --- | --- |
| Pleasespecifytop5Services | | |
| Sr. No. | DescriptionofServices | HSNCode(Fourdigit) |
| (i) |  |  |
| (ii) |  |  |
| … |  |  |
| (v) |  |  |

1. DetailsofAdditionalPlace(s)ofBusiness

Numberofadditionalplaces

Premises1

* 1. DetailsofAdditionalPlaceofBusiness

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BuildingNo/Flat No | |  | | FloorNo | |  | | | | | |
| NameofthePremises/Building | |  | | Road/Street | |  | | | | | |
| City/Town/Locality/Village | |  | | District | |  | | | | | |
| Block/Taluka | |  | |  | |  | | | | | |
| State | |  | | PINCode | |  |  |  |  |  |  |
| Latitude | |  | | Longitude | |  | | | | | |
| (b)Contact Information | | | | | | | | | | | |
| OfficeEmailAddress |  | | OfficeTelephonenumber | | STD | |  | | | | |
| MobileNumber |  | | OfficeFaxNumber | | STD | |  | | | | |
| (c)Natureofpremises | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Own | Leased | | Rented | | Consent | | | Shared | Others(specify) | |  |
| (d)Natureofbusiness activitybeingcarriedoutatabove mentionedpremises(Pleasetickapplicable) | | | | | | | | | | |
| Factory/ Manufacturing | |  | | WholesaleBusiness | |  | RetailBusiness | | |  |
| Warehouse/Depot | |  | | Bonded Warehouse | |  | Supplierofservices | | |  |
| Office/SaleOffice | |  | | LeasingBusiness | |  | Recipient of goods orservices | | |  |
| EOU/STP/ EHTP | |  | | WorksContract | |  | Export | | |  |
| Import | |  | | Others(specify) | |  |  | | |  |

1. DetailsofProprietor/allPartners/Karta/ManagingDirectorsandwholetimeDirector/MembersofManagingCommittee of Associations/Board ofTrustees etc**.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Particulars | FirstName | | MiddleName | LastName | | |
| Name |  | |  |  | | |
| Photo |  | | | | | |
| Nameof Father |  | |  |  | | |
| DateofBirth | DD/MM/YYYY | | Gender | <Male, Female,Other> | | |
| MobileNumber |  | | Email address |  | | |
| TelephoneNo. withSTD |  | | | | | |
| Designation/Status |  | Director Identification Number (ifany) | | | |  |
| PermanentAccountNumber |  | AadhaarNumber | | | |  |
| Areyouacitizenof India? | Yes/No | Passport No.(in case offoreigners) | | | |  |
| ResidentialAddress | | | | | | |
| BuildingNo/Flat No |  | FloorNo | | |  | |
| NameofthePremises/Building |  | Road/Street | | |  | |
| City/Town/Locality/Village |  | District | | |  | |
| Block/Taluka |  |
| State |  | PINCode | | |  | |
| Country (in case of foreigneronly) |  | ZIP code | | |  | |

1. DetailsofAuthorisedSignatory

Checkbox for Primary Authorised SignatoryDetailsof SignatoryNo. 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Particulars | FirstName | MiddleName | | LastName | |
| Name |  |  | |  | |
| Photo |  | | | | |
| Nameof Father |  |  | |  | |
| DateofBirth | DD/MM/YYYY | Gender | | <Male,Female,Other> | |
| MobileNumber |  | Email address | |  | |
| Telephone No. withSTD |  | | | | |
| Designation/Status |  | | Director IdentificationNumber (ifany) | |  |
| Permanent AccountNumber |  | | AadhaarNumber | |  |
| Are you a citizen ofIndia? | Yes/No | | Passport No.(in case offoreigners) | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ResidentialAddressinIndia | | | | | | | | |
| BuildingNo/Flat No |  | FloorNo |  | | | | | |
| NameofthePremises/Building |  | Road/Street |  | | | | | |
| Block/Taluka |  |
| City/Town/Locality/Village |  | District |  | | | | | |
| State |  | PINCode |  |  |  |  |  |  |

1. DetailsofAuthorisedRepresentative

|  |  |  |  |
| --- | --- | --- | --- |
| Enrolment ID,ifavailable |  | | |
| Providefollowingdetails,ifenrolment IDisnotavailable | | | |
| PermanentAccountNumber |  | | |
| Aadhaar, if PermanentAccount Number is notavailable |  | | |
|  | FirstName | MiddleName | LastName |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NameofPerson |  | | |  | | | |  | | | |
| Designation/Status |  | | | | | | | | | | |
| MobileNumber |  |  |  |  |  |  |  |  |  |  |  |
| Email address |  | | | | | | | | | | |
| TelephoneNo. withSTD |  | | | | FAXNo.withSTD | | | |  | | |

1. StateSpecificInformation

Profession TaxEnrolment Code (EC) No.ProfessionTaxRegistrationCertificate(RC)No.

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

* 1. *Field 1*
  2. *Field 2*
  3. *….*

*(d) …..*

*(e) Field n*

1. DocumentUpload

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

1. Consent

*I on behalf of the holder of Aadhaar number <pre-filled based on Aadhaar number provided in theform> give consent to “Goods and Services Tax Network” to obtain my details from UIDAI for thepurposeofauthentication.“GoodsandServicesTaxNetwork”hasinformedmethatidentityinformation would only be used for validating identity of the Aadhaar holder and will be shared withCentral Identities Data Repositoryonlyfor the purposeofauthentication.*

1. Verification(byauthorisedsignatory)

*I hereby solemnly affirm and declare that the information given herein above is true and correct tothebestofmyknowledgeand beliefandnothinghas been concealedtherefrom*

Signature

Place: NameofAuthorisedSignatory….……………………

Date: Designation/Status……………………………………

# List of documentsto be uploaded:-

|  |  |
| --- | --- |
| 1. | Photographs(whereverspecifiedintheApplicationForm)   1. ProprietaryConcern–Proprietor 2. PartnershipFirm/LimitedLiabilityPartnership–Managing/Authorised/DesignatedPartners(personaldetailsofallpartnersaretobesubmittedbutphotosofonlytenpartnersincludingthatofManagingPartnerareto besubmitted) 3. HinduUndividedFamily–Karta 4. Company–ManagingDirectorortheAuthorisedPerson 5. Trust–ManagingTrustee 6. AssociationofPersonsorBodyofIndividuals–MembersofManagingCommittee (personal details of all members are to be submitted but photos of onlytenmembers includingthatofChairman areto besubmitted) 7. LocalAuthority–ChiefExecutiveOfficerorhisequivalent 8. StatutoryBody–ChiefExecutiveOfficerorhisequivalent 9. Others–PersoninCharge |
| 2. | ConstitutionofBusiness:PartnershipDeedincaseofPartnershipFirm,RegistrationCertificate/ProofofConstitutionincaseofSociety,Trust,Club,Government Department, Association of Persons or Body of Individuals, LocalAuthority,StatutoryBodyand Othersetc. |
| 3. | ProofofPrincipal PlaceofBusiness:   1. ForOwnpremises –   Any document in support of the ownership of the premises like latest Property TaxReceipt or MunicipalKhatacopyorcopyof ElectricityBill.   1. ForRentedorLeasedpremises–   A copy of the valid Rent / Lease Agreement with any document in support of theownershipofthepremisesoftheLessorlikeLatestProperty TaxReceipt orMunicipalKhatacopyor copyof ElectricityBill.   1. Forpremisesnotcovered in(a)and(b)above–   AcopyoftheConsentLetterwithanydocumentinsupportoftheownershipofthe premises of the Consenter like Municipal Khata copy or Electricity Bill copy.Forsharedproperties also,the same documentsmaybe uploaded.   1. For rented/leased premises where the Rent/lease agreement is not available, anaffidavit to that effect along with any document in support of the possession of thepremiseslike copyof ElectricityBill. 2. If the principal place of business is located in a Special Economic Zone or theapplicantisanSpecialEconomicZonedeveloper,necessarydocuments/certificatesissuedbyGovernmentofIndiaarerequiredtobeuploaded. |

|  |  |
| --- | --- |
| 4 | BankAccount RelatedProof[,wheredetailsofsuchAccountarefurnished:]4  Scanned copy of the first page of Bank passbook orthe relevant page of BankStatementorScannedcopyofacancelledchequecontainingnameoftheProprietor or Business entity, Bank Account No., MICR, IFSC and Branch detailsincludingcode. |
| 5 | AuthorisationForm:-  For each Authorised Signatory mentioned in the application form, Authorisation orcopyofResolutionoftheManagingCommitteeorBoardofDirectorstobefiledinthe followingformat:  Declaration for Authorised Signatory (Separate for each signatory) (Details ofProprietor/allPartners/Karta/ManagingDirectorsandwholetimeDirector/MembersofManagingCommitteeofAssociations/BoardofTrusteesetc.)  I/We---(name)being(Partners/Karta/ManagingDirectorsandwholetimeDirector/Members of Managing Committee of Associations/Board of Trusteesetc.)of……(name ofregistered person)  hereby solemnly affirm and declare that <<name of the authorised signatory,(status/designation)>>is hereby authorised, vide resolution no… dated….. (copysubmittedherewith),toactasanauthorisedsignatoryforthebusiness<<GoodsandServicesTaxIdentificationNumber-NameoftheBusiness>>forwhichapplication for registration is being filed under the Act. All his actions in relationtothisbusiness willbe bindingon me/ us.  Signature of the person competent to signName:  Designation/Status:  (Nameoftheproprietor/BusinessEntity)  Acceptanceasanauthorisedsignatory  I <<(Name of the authorised signatory>> hereby solemnly accord my acceptancetoactas authorised signatory fortheabovereferred businessandallmy actsshallbebindingon the business.  Signature of Authorised Signatory Place:(Name)  Date:  Designation/Status: |

4InsertedvideNotfno.31/2019–CTdt.28.06.2019

# InstructionsforsubmissionofApplicationforRegistration.

1. Enter name of person as recorded on Permanent Account Number of the Business. In case ofProprietorship concern, enter name of proprietor against Legal Name and mention Permanent AccountNumberoftheproprietor.PermanentAccountNumbershallbeverifiedwithIncomeTaxdatabase.
2. ProvideE-mailIdandMobileNumberofauthorisedsignatoryforverificationandfuturecommunication which will be verified through One Time Passwords to be sent separately, beforefillingup Part-Bof the application.
3. ApplicantneedtouploadscannedcopyofthedeclarationsignedbytheProprietor/allPartners/Karta/Managing Directors and whole time Director/Members of Managing Committee ofAssociations/BoardofTrusteesetc.incasethebusinessdeclaresapersonasAuthorisedSignatory.
4. Thefollowingpersonscandigitallysigntheapplicationfornewregistration:-

|  |  |
| --- | --- |
| ConstitutionofBusiness | Personwhocandigitallysigntheapplication |
| Proprietorship | Proprietor |
| Partnership | Managing/AuthorisedPartners |
| HinduUndividedFamily | Karta |
| PrivateLimitedCompany | Managing/ Whole-timeDirectors |
| PublicLimitedCompany | Managing/ Whole-timeDirectors |
| Society/Club/Trust/AOP | MembersofManagingCommittee |
| GovernmentDepartment | PersonIncharge |
| PublicSectorUndertaking | Managing/ Whole-timeDirector |
| UnlimitedCompany | Managing/Whole-timeDirector |
| LimitedLiabilityPartnership | DesignatedPartners |
| LocalAuthority | ChiefExecutiveOfficerorEquivalent |
| StatutoryBody | ChiefExecutiveOfficerorEquivalent |
| ForeignCompany | AuthorisedPersoninIndia |
| ForeignLimitedLiabilityPartnership | AuthorisedPersoninIndia |
| Others(specify) | PersonIncharge |

1. Information in respect of authorised representative is optional. Please select your authorisedrepresentativefromthelistavailableonthecommonportaliftheauthorisedrepresentativeisenrolled,otherwiseprovidedetails ofsuch person.
2. StatespecificinformationarerelevantfortheconcernedStateonly.
3. Applicationfiledbyundermentionedpersonsshallbesigneddigitally:-

|  |  |  |
| --- | --- | --- |
| Sr. No | TypeofApplicant | Typeof Signaturerequired |

|  |  |  |
| --- | --- | --- |
| Sr. No | TypeofApplicant | Typeof Signaturerequired |
| 1. | PrivateLimitedCompany  Public Limited CompanyPublic Sector UndertakingUnlimitedCompany  Limited Liability PartnershipForeignCompany  Foreign Limited LiabilityPartnership | DigitalSignatureCertificate(DSC)-Class-2and above. |
| 2. | Otherthan above | DigitalSignatureCertificateclass2and above  e-Signatureor  anyothermode asmaybenotified |

1. All information related to Permanent Account Number, Aadhaar, Director Identification Number,Challan Identification Number shall be validated online by the system and Acknowledgment ReceiptNumber will begeneratedafter successful validationofallthefilledupinformation.
2. StatusoftheapplicationfiledonlinecanbetrackedonthecommonportalbyenteringApplicationReference Number (ARN) indicatedon theAcknowledgment.
3. Nofeeispayableforfilingapplicationforregistration.
4. Authorisedsignatoryshallnotbe aminor.
5. Any person having multiple [places of business]5within a State, requiring a separate registrationforanyofits[placesofbusiness]6shallneedtoapplyseparatelyinrespectofeach[placeofbusiness]7.
6. After approval of application, registration certificate shall be made available on the commonportal.
7. Temporary Reference Number (TRN) will be allotted after successfully furnishing preliminarydetails in PART –A of the application which can be used for filling up details in PART-B of theapplication.TRNwillbe available onthecommon portalfor aperiodof 15days.
8. Any person who applies for registration under rule 8 may give an option to pay tax under section10 in Part B of FORM GST REG-01, which shall be considered as an intimation to pay tax under thesaidsection.

[16. Government departments applying for registration as suppliers may not furnish Bank Accountdetails.]8

5Substitutedforthewords―businessverticals‖videNotfno.03/2019-CTdt.29.01.2019wef01.02.2019

6ibid

7Substitutedforthewords―ofthevertical‖videNotfno.03/2019-CTdt.29.01.2019wef01.02.2019

[17. Taxpayers who want to pay tax by availing benefit of notification No. 2/2019 – Central Tax(Rate) dated 07.03.2019, as amended, shall indicate such option at serial no. 5 and 6.1(iii) of thisForm.]9