

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 Numberof the Business; Permanent Account NumberofIndividualin case ofProprietorship concern)	
(iii)	EmailAddress:	
(iv)	MobileNumber:	

Note-InformationsubmittedaboveissubjecttoonlineverificationbeforeproceedingtofillupPart-B.

Authorisedsignatoryfilingtheapplicationshall providehismobilenumberandemailaddress.

Part –B

1.	TradeName,ifany	
2.	ConstitutionofBusiness(PleaseSelecttheAppropriate)	
(i)Proprietorship	<input type="checkbox"/>	(ii)Partnership <input type="checkbox"/>
(iii)HinduUndividedFamily	<input type="checkbox"/>	(iv)PrivateLimitedCompany <input type="checkbox"/>
(v)PublicLimitedCompany	<input type="checkbox"/>	(vi)Society/Club/Trust/AssociationofPersons <input type="checkbox"/>
(vii)GovernmentDepartment	<input type="checkbox"/>	(viii)PublicSectorUndertaking <input type="checkbox"/>
(ix)UnlimitedCompany	<input type="checkbox"/>	(x)LimitedLiabilityPartnership <input type="checkbox"/>
(xi)LocalAuthority	<input type="checkbox"/>	(xii)StatutoryBody <input type="checkbox"/>
(xiii) Foreign Limited LiabilityPartnership	<input type="checkbox"/>	(xiv)ForeignCompanyRegistered(inIndia) <input type="checkbox"/>
(xv)Others(Pleasespecify)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Nameof theState 	District 
4.	Jurisdiction	State <input type="text"/>
		Centre <input type="text"/>
		Sector,Circle,Ward, Unit,etc.others <input type="text"/>

		(specify)	
5.	OptionforComposition	Yes	No
6. CompositionDeclaration Ih <input type="checkbox"/> bydeclarethattheaforesaidbusinessshallabidebytheconditionsandrestrictionsspecifiedintheActortherules for optingto paytax under the compositionscheme.			
6.1 CategoryofRegisteredPerson<tickincheckbox>			
(i)Manufacturers,otherthanmanufacturersofsuchgoodsasmaybe notifiedbytheGovernment 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 a casual taxable person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Ifselected_Yes'inSr.No.9,periodforwhich registration 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 a SEZ Unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(i)SelectnameofSEZ		▽
	(ii)Approvalordernumberanddateoforder		
	(iii)Periodofvalidity	From DD/MM/YYYY	To DD/MM/YYYY

	(iv) Designation of approving authority		
13.	Are you applying for registration as a SEZ Developer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(i) Select name of SEZ Developer		▽
	(ii) Approval order number and date of order		
	(iii) Period of validity	From DD/MM/YYYY	To DD/MM/YYYY
	(iv) Designation of approving authority] ³
14.	Reasons to obtain registration:		
	(i) Crossing the threshold	(viii) Merger/amalgamation of two or more registered persons	
	(ii) Inter-State supply	(ix) Input Service Distributor	
	(iii) Liability to pay tax as recipient of goods or services u/s 9(3) or 9(4)	(x) Person liable to pay tax u/s 9(5)	
	(iv) Transfer of business which includes change in the ownership of business (if transferee is not a registered entity)	(xi) Taxable person supplying through e-Commerce portal	
	(v) Death of the proprietor (if the successor is not a registered entity)	(xii) Voluntary Basis	
	(vi) De-merger	(xiii) Persons supplying goods and/or services on behalf of other taxable person(s)	
	(vii) Change in constitution of business	(xiv) Others (Not covered above) – Specify	
15.	Indicate existing registrations wherever applicable		
	Registration number under Value Added Tax		
	Central Sales Tax Registration Number		
	Entry Tax Registration Number		
	Entertainment Tax Registration Number		
	Hotel and Luxury Tax Registration Number		
	Central Excise Registration Number		
	Service Tax Registration Number		
	Corporate Identify Number/Foreign Company Registration Number		
	Limited Liability Partnership Identification Number/Foreign Limited Liability Partnership Identification Number		

³Substituted vide Notfno.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 activitybeingcarriedoutataboveentionedpremises(Pleasetickapplicable)					
Factory/ Manufacturing	<input type="checkbox"/>	WholesaleBusiness	<input type="checkbox"/>	RetailBusiness	<input type="checkbox"/>
Warehouse/Depot	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Supplierofservices	<input type="checkbox"/>
Office/SaleOffice	<input type="checkbox"/>	LeasingBusiness	<input type="checkbox"/>	Recipient ofgoodsorservices	<input type="checkbox"/>
EOU/STP/ EHTP	<input type="checkbox"/>	WorksContract	<input type="checkbox"/>	Export	<input type="checkbox"/>
Import	<input type="checkbox"/>	Others(Specify)	<input type="checkbox"/>		

17. DetailsofBankAccounts(s)

Total number of Bank Accounts maintained by the applicant for conductingbusiness <i>(Upto10 BankAccountstobereported)</i>	
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Detailsof BankAccount 1

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

Note-Addmoreaccounts-----

18. DetailsoftheGoodssuppliedbythe Business

Plasespecifytop5Goods		
Sr. No.	DescriptionofGoods	HSNCode(Fourdigit)
(i)		
(ii)		
...		
(v)		

19. DetailsofService suppliedbytheBusiness.

Plasespecifytop5Services		
Sr. No.	DescriptionofServices	HSNCode(Fourdigit)
(i)		
(ii)		
...		
(v)		

20. DetailsofAdditionalPlace(s)ofBusiness

Numberofadditionalplaces	
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Premises1

(a) 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(s pecify)
(d)Natureofbusiness activitybeingcarriedoutatabove mentionedpremises(Pleasetickapplicable)					
Factory/ Manufacturing	<input type="checkbox"/>	WholesaleBusiness	<input type="checkbox"/>	RetailBusiness	<input type="checkbox"/>
Warehouse/Depot	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Supplierofservices	<input type="checkbox"/>
Office/SaleOffice	<input type="checkbox"/>	LeasingBusiness	<input type="checkbox"/>	Recipient of goods orservices	<input type="checkbox"/>
EOU/STP/ EHTP	<input type="checkbox"/>	WorksContract	<input type="checkbox"/>	Export	<input type="checkbox"/>
Import	<input type="checkbox"/>	Others(specify)	<input type="checkbox"/>		

21. DetailsofProprietor/allPartners/Karta/ManagingDirectorsandwholetimeDirector/MembersofManagin
gCommittee 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	

22.

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	

23.

DetailsofAuthorisedRepresentative

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

Name of Person			
Designation/Status			
Mobile Number			
Email address			
Telephone No. with STD		FAX No. with STD	

24. State Specific Information

Profession Tax Enrolment Code (EC)

No. Profession 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

25. Document Upload

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

26. 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.

27. Verification (by authorised 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 therefrom

Signature

Place: Name of Authorised Signatory.....

Date: Designation/Status.....

List of documents to be uploaded:-

1.	<p>Photographs (wherever specified in the Application Form)</p> <p>(a) Proprietary Concern – Proprietor</p> <p>(b) Partnership Firm / Limited Liability Partnership – Managing / Authorised / Designated Partners (personal details of all partners are to be submitted but photos of only ten partners including that of Managing Partner are to be submitted)</p> <p>(c) Hindu Undivided Family – Karta</p> <p>(d) Company – Managing Director or the Authorised Person</p> <p>(e) Trust – Managing Trustee</p> <p>(f) Association of Persons or Body of Individuals – Members of Managing Committee (personal details of all members are to be submitted but photos of only ten members including that of Chairman are to be submitted)</p> <p>(g) Local Authority – Chief Executive Officer or his equivalent</p> <p>(h) Statutory Body – Chief Executive Officer or his equivalent</p> <p>(i) Others – Person in Charge</p>
2.	<p>Constitution of Business: Partnership Deed in case of Partnership Firm, Registration Certificate / Proof of Constitution in case of Society, Trust, Club, Government Department, Association of Persons or Body of Individuals, Local Authority, Statutory Body and Others etc.</p>
3.	<p>Proof of Principal Place of Business:</p> <p>(a) For Own premises –</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) For Rented or Leased premises –</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>(c) For premises not covered in (a) and (b) above –</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> <p>(d) For rented/leased premises where the Rent/lease agreement is not available, an affidavit to that effect along with any document in support of the possession of the premises like copy of Electricity Bill.</p> <p>(e) If the principal place of business is located in a Special Economic Zone or the applicant is a Special Economic Zone developer, necessary documents / certificates issued by Government of India are required to be uploaded.</p>

4	<p>BankAccount RelatedProof[, wheredetailsofsuchAccountarefurnished:]⁴</p> <p>Scanned copy of the first page of Bank passbook or the relevant page of Bank Statement or Scanned copy of a cancelled cheque containing name of the Proprietor or Business entity, Bank Account No., MICR, IFSC and Branch details including code.</p>
5	<p>Authorisation Form:-</p> <p>For each Authorised Signatory mentioned in the application form, Authorisation or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format:</p> <p>Declaration for Authorised Signatory (Separate for each signatory) (Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.)</p> <p>I/We--- (name) being (Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.) of.....(name of registered person)</p> <p>hereby solemnly affirm and declare that <<name of the authorised signatory,(status/designation)>> is hereby authorised, vide resolution no... dated..... (copy submitted herewith), to act as an authorised signatory for the business <<Goods and Services Tax Identification Number-Name of the Business>> for which application for registration is being filed under the Act. All his actions in relation to this business will be binding on me/ us.</p> <p>Signature of the person competent to</p> <p>sign Name:</p> <p>Designation/Status:</p> <p style="text-align: right;">(Name of the proprietor/Business Entity)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Acceptance as an authorised signatory</p> <p>I <<(Name of the authorised signatory)>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.</p> <p>Signature of Authorised Signatory Place: (Name)</p> <p>Date:</p> <p style="text-align: center;">Designation/Status:</p> </div>

⁴Inserted vide Notf no. 31/2019-CT dt. 28.06.2019

Instructions for submission of Application for Registration.

1. Enter name of person as recorded on Permanent Account Number of the Business. In case of Proprietorship concern, enter name of proprietor against Legal Name and mention Permanent Account Number of the proprietor. Permanent Account Numbers shall be verified with Income Tax database.
2. Provide E-mail Id and Mobile Number of authorised 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 needs to upload scanned copy of the declarations 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. The following persons can digitally sign the application for new registration:-

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

5. Information in respect of authorised representative is optional. Please select your authorised representative from the list available on the common portal if the authorised representative is enrolled, otherwise provide details of such person.
6. Statespecific information are relevant for the concerned State only.
7. Application filed by under mentioned persons shall be signed digitally:-

Sr. No	Type of Applicant	Type of Signature required

Sr. No	Type of Applicant	Type of 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) - Class-2 and above.
2.	Other than above	Digital Signature Certificate class 2 and above e-Signature or any other mode as may be notified

8. All information related to Permanent Account Number, Aadhaar, Director Identification Number, Challan Identification Number shall be validated online by the system and Acknowledgment Receipt Number will be generated after successful validation of all the filled up information.

9. Status of the application filed online can be tracked on the common portal by entering Application Reference Number (ARN) indicated on the Acknowledgment.

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

11. Authorised signatory shall not be a minor.

12. Any person having multiple [places of business]⁵ within a State, requiring a separate registration for any of its [places of business]⁶ shall need to apply separately in respect of each [place of business]⁷.

13. After approval of application, registration certificate shall be made available on the common portal.

14. Temporary Reference Number (TRN) will be allotted after successfully furnishing preliminary details in PART -A of the application which can be used for filling up details in PART-B of the application. TRN will be available on the common portal for a period of 15 days.

15. Any person who applies for registration under rule 8 may give an option to pay tax under section 10 in Part B of FORM GST REG-01, which shall be considered as an intimation to pay tax under the said section.

[16. Government departments applying for registration as suppliers may not furnish Bank Account details.]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