FORM GST REG-30

*[See rule 25]*

Form for Field Visit Report

Center Jurisdiction (Ward/Circle/Zone)

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| --- |
| Name of the Officer:-<< to be prefilled>> Date of Submission of Report:-Name of the taxable person GSTIN/UIN –Task Assigned by:-< Name of the Authority- to be prefilled>Date and Time of Assignment of task:-< System date and time> |
|  | Sr. No. | Particulars | Input |  |
|  | 1. | Date of Visit |  |  |
|  | 2. | Time of Visit |  |  |
|  | 3. | Location details : |  |
| Latitude | Longitude |  |
| North – Bounded By | South – Bounded By |  |
| West – Bounded By | East – Bounded By |  |
|  | 4. | Whether address is same as mentioned inapplication. | Y / N |  |
|  | 5. | Particulars of the person available at thetime of visit |  |  |
|  | (i) | Name |  |  |
|  | (ii) | Father‘s Name |  |  |
|  | (iii) | Residential Address |  |  |
|  | (iv) | Mobile Number |  |  |
|  | (v) | Designation / Status |  |  |
|  | (vi) | Relationship with taxable person, ifapplicable. |  |  |
|  | 6. | Functioning status of the business | Functioning - Y / N |  |
|  | 7. | Details of the premises |  |  |
|  |  | Open Space Area (in sq m.) - (approx.) |  |  |
|  |  | Covered Space Area (in sq m.) -(approx.) |  |  |
|  |  | Floor on which business premiseslocated |  |  |
|  | 8. | Documents verified | Yes/No |  |
|  | 9. | Upload photograph of the place with the person who is present at the place where siteverification is conducted. |  |
|  | 10. | Comments (not more than < 1000 characters> SignaturePlace: Name of the Officer:Date: Designation:Jurisdiction: |  |

82