Form ST – 1

[Application form for registration under Section 69 of the Finance Act, 1994 (32 of 1994)]

(Please tick appropriate box below)

No	w Doo	tration	
		tration	
Am	endm	nts to information declared by the existing Registrant.	
Re	gistrat	n Number in case of existing Registrant seeking Amendment	
1.	(a)	lame of applicant	
	(b)	address of the applicant	
2.		Details of Permanent Account Number (PAN) of the applicant	
	(a)	Whether PAN has been issued by the Income Tax Department	
		'ES NO	
	(b)	Yes, the PAN	
	(C)	lame of the applicant (as appearing in PAN)	
3.	(a)	Constitution of applicant (Tick as applicable)	
) Proprietorship	
		ii) Partnership	
		iii) Registered Public Limited Company	
		iv) Registered Private Limited Company	
		v) Registered Trust	
		vi) Society/Cooperative society	
		vii) Others	
	(b)	Jame, Address and Phone Number of Proprietor/Partner/Director	

		(i)	Name
		(ii)	Address
		(iii)	Phone Number
4.		Cate	gory of Registrant (Please tick appropriate box)
	(a)	Perso	on liable to pay service tax
	. ,	(i)	Service provider
		(ii)	Service recipient
	(b)	Other	person/class of persons
		(i)	Input service distributor
		(ii)	Any provider of taxable service whose aggregate value of taxable service in a financial year exceeds three lakh rupees
5.	(a)	Natur	e of Registration (Tick as applicable)
		(i)	Registration of a single premise
		(ii)	Centralized Registration for more than one premises
	(b)	Addre	ess of Premises for which Registration is sought
		(i)	Name of Premises / Building
		(ii)	Flat/Door/Block No.
		(iii)	Road/Street/Lane
		(iv)	Village / Area / Lane
		(v)	Block/Taluk/Sub-Division/Town
		(vi)	Post Office

where taxable services are provided or intended to be provided (FORMAT AS PER 5(b) ABOVE)	(vii)	City	/Dist	rict	<u> </u>		- 1							_,	!			L			
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Name, Designation and Address of the Authorized Signatory /Signatories:	Name, De	signat	ion a	nd A	ddre	ess o	f the	·Αι	ıthor	ized	Sigr	nator	y /Si	gnat	ories	3:					

6.

7.

8.

DECLARATION

•	hereby declare that the information given in oplication form is true, correct and complete in every respect and that I am authorized to sign on of the Registrant.
(a)	For new Registration:
	I would like to receive the Registration Certificate by mail / by hand/ E-MAIL
(b)	For amendments to information pertaining to existing Registrant:
	Date from which amendments are made:
(Origin	nal existing Registration Certificate is required to be enclosed)
[Self c	ertified photocopy of Registration Certificate by mail / by hand/ e-mail]
	(Signature of the applicant/authorized
	person with stamp)
Date:	
Place:	
	ACKNOWLEDGEMENT
	(To be given in the event Registration Certificate is not issued at the time of receipt of application for Registration)
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(a)	(To be given in the event Registration Certificate is not issued at the time of receipt of application for Registration) by acknowledge the receipt of your Application Form For new Registration (As desired, the New Registration Certificate will be sent by E-MAIL/ mail/handed over to you in person on)
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