Note -

- 1. The reply should not be more than 500 characters. In case the same is more than 500 characters, then it should be uploaded separately.
- 2. Supporting documents, if any, may be uploaded in PDF format.

Fo	orm GST CMP-07
	[See rule 6(6)]
Reference No. << >>	Date-
То	
GSTIN	
Name	
Address	
Application Reference No. (ARN)	Date –
Order for acceptance/	rejection of reply to show cause notice
• • •	response to the show cause notice issued vide reference nod the same has been found to be satisfactory and, therefore, your ontinue. The said show cause notice stands vacated.
	or
This has reference to your really detect.	resmance to the chary cause notice issued vide reference no

This has reference to your reply dated ---- filed in response to the show cause notice issued vide reference no. -----dated -----. Your reply has been examined and the same has not been found to be satisfactory and, therefore, your option to pay tax under composition scheme is hereby denied with effect from << >>> for the following reasons:

<< text >>

or

You did not appear on the day fixed for hearing.

Therefore, your option to pay tax under composition scheme is hereby denied with effect from << date >> for the following reasons:

<< Text >>

Signature

Date Name of Proper Officer

Place

Designation

Jurisdiction

Form GST REG-01

[See rule 8(1)]

Application for Registration

(Other than a non-resident taxable person, a person required to deduct tax at source under section 51 and a person required to collect tax at source under section 52 and a person supplying online information and database access or retrieval services from a place outside India to a non-taxable online recipient referred to in section 14 of the Integrated Goods and Services Tax Act, 2017)

Part -A

				State	·/UT	District -	
(i)	Leg	al Name of the Business:			V	V	
	(As	mentioned in Permanent Accou	nt Nui	mber)			
(ii)	Per	manent Account Number:					
		ter Permanent Account Number ase of Proprietorship concern)	of th	e Business; Permanent Accou	ınt Numl	per of Individual	
(iii)	Ema	ail Address :					
(iv)	Mol	bile Number :					
	Not	e - Information submitted above	e is su	bject to online verification bej	fore prod	ceeding to fill up Part-B.	
	Au	thorised signatory filing the ap	plicati	ion shall provide his mobile n	umber ai	nd email address.	
				Part –B			
	1	Trade Name, if any Constitution of Business (Please	Selec	t the Appropriate)			
	(i) I	Proprietorship		(ii) Partnership			
	` '	Hindu Undivided Family		(iv) Private Limited Compa	nv		
		Public Limited Company		(vi) Society/Club/Trust/Asso	•	of Persons	
) Government Department		(viii) Public Sector Undertal			
		Unlimited Company		(x) Limited Liability Partner			
		Local Authority		(xii) Statutory Body			
	(xiii) Foreign Limited Liability nership		(xiv) Foreign Company Reg	istered (in India)	
	(xv)	Others (Please specify)					
	3.	Name of the State	?	Г	District	[2]	
	4.	Jurisdiction		State		Centre	
			Sect (spec	or, Circle, Ward, Unit, etc. of cify)	hers		
	5.	Option for Composition	Y	es 🗆 No 🗆	I		
	6.	Composition Declaration	.1				
	Act	I hereby declare that to or the rules for opting to pay ta		presaid business shall abide beer the composition scheme.	y the con	nditions and restrictions sp	ecified in the
	6.1	Category of Registered Person	< tick	in check box>			
		(iv) Manufacturers, other Government for which		manufacturers of such goo on is not available	ods as 1	may be notified by the	
		(v) Suppliers making suppl	lies re	ferred to in clause (b) of para	agraph 6	of Schedule II	
		(vi) Any other supplier el	igible	for composition levy.			

7.	Date of commencement of business			DD/MM/YYYY					
8.	Date on which liability to register arises			DD/MM/YYYY					
9.	Are you applying for registration as a casual	taxable pe	erson?	Yes	No	7			
10	If selected 'Yes' in Sr. No. 9, period for which	ch registra	tion is	From	То	•			
•	required			DD/MM/YYYY	DD/MM/YYY	Y			
11	If selected 'Yes' in Sr. No. 9, estimated supp	lies and es	stimated	net tax liability du	ring the period of	registration			
Sr					Net Tax Liabil	ity (Rs.)			
N	Type of Tax	Turnov	ver (Rs.)						
0.									
(i)	Integrated Tax								
(ii)	Central Tax								
(ii i)	State Tax								
(i v)	UT Tax								
(v)	Cess								
	Total								
	Payment Details								
	Challan Identification Number	Г	Date		Amount				
12	Are you applying for registration as a SEZ U	nit?		Yes	No [_			
	(i) Select name of SEZ					∇			
	(ii) Approval order number and date of order								
	(iii) Designation of approving authority								
13	Are you applying for registration as a SEZ D	eveloper?		Yes	No []			
	(i) Select name of SEZ Developer					$\overline{}$			
	(ii) Approval order number and date of order	,							
	(iii) Designation of approving authority								
14	Reason to obtain registration:								
•	(i) Crossing the threshold		(viii) N person	Merger /amalgamat s	ion of two or mor	e registered			
	(ii) Inter-State supply		(ix) In	put Service Distrib	outor				
	(iii) Liability to pay tax as recipient of goods services u/s 9(3) or 9(4)	s or	(x) Person liable to pay tax u/s 9(5)						
	(iv) Transfer of business which includes chathe ownership of business (if transferee is not a registered entity)	nge in	(xi) Taxable person supplying through e-Commerce portal						

		ath of the successo			tered entity)		(XII) Volun	itary E	3asıs					
		-merger			•		(xiii) Perso of other tax				s and/c	or servic	es on l	oehalf
	(vii) C	hange in	const	itution o	of business		(xiv) Other	s (No	t cov	ered abo	ve) – S	Specify		
15	Indicate	e existing	g regis	strations	wherever appl	icable								
Reg	gistration	number	under	Value A	Added Tax									
Cen	tral Sale	s Tax Ro	egistra	tion Nu	mber									
Ent	ry Tax R	egistrati	on Nu	mber										
Ent	ertainme	nt Tax R	legistr	ation Nu	ımber									
Hot	el and L	uxury Ta	ax Reg	gistration	Number Number									
Cen	tral Excis	se Regis	tration	Numbe	r									
Serv	vice Tax	Registra	tion N	umber										
Cor Nun		lentify N	lumbe	r/Foreig	n Company Re	gistration								
Nun	ited Liab nber/Fore tification	eign Lim	nited L		fication Partnership									
Imp	orter/Exp	orter Co	ode Ni	ımber										
	istration parations				nal and Toilet									
Reg	istration	number	under	Shops a	nd Establishme	ent Act								
Tem	porary I	D, if any	r											
Othe	ers (Pleas	se specif	y)											
1 6 .	a) Addr	ess of Pi	rincipa	ıl Place o	of Business									
Buil	ding No.	/Flat No).				Floor No.							
Nan	ne of the	Premise	s/Buil	ding			Road/Stree	et						
City	/Town/L	ocality/	Village	3			District							
Talu	ıka/Blocl	ζ.												
State							PIN Code							
Lati							Longitude							
` ′	Contact I		on											
Offi Add	ce Email ress					Office To	elephone nu	mber		STD				
Mob	oile Num	ber				Office Fa	ax Number			STD				
(c) N	Vature of	premise	es											
	Own		Leased		Rente		Consent			ared		Others (specif	y)
				ity being	g carried out at		<u> </u>				pplical	ble)		
Fact	ory/Man	ufacturii	ng		Wholesale B	usiness		Reta	ail Bu	isiness				

	~	~ -				
THE	GAZETTE	()F	INDIA ·	EXTR	AORDINA	RΥ

		0.122112	01 11 12 1					L-				(-/)
Warehouse/Depot		Bonded Ware	ehouse			Supplier of s	ervices	3				
Office/Sale Office		Leasing Busi	ness]	Recipient of	goods	or ser	vices			
EOU/ STP/ EHTP		Works Contr	act]	Export						
Import		Others (Spec	ify)								+	
17. Details of Bank Accou	ints (s)											
Total number of Bank A		naintained by th	ne applican	t for c	onducti	ing business						
(Upto 10 Bank Accounts		_				8						
Details of Bank Account	1											
Account Number												
Type of Account					IFSC				1	1		
Bank Name												
Branch Address	To be	auto-populated	(Edit mod	le)								
Note – Add more accoun	nts											
18. Details of the Goods s	upplied b	y the Business										
Please specify top 5 Goo	ods											
Sr. No. Description of	Goods			Н	SN Coo	de (Four digi	t)					
(i)												
(ii)												
(v)												
19. Details of Services sup	pplied by	the Business.										
Please specify top 5 Serv	vices											
Sr. No. Description o	f Service:	s		Н	SN Co	de (Four dig	it)					
(i)												
(ii)												
(v)												
20. Details of Additional	Place(s)	of Business		I								
Number of additional pla	aces											
Premises 1		a= .										
(a) Details of Addit	tional Pla	ce of Business	1									
Building No/Flat No						Floor No						
Name of the Premises/B	uilding					Road/Stre	eet					
City/Town/Locality/Vill	age					District						
Block/Taluka												
State						PIN Code)					
Latitude						Longitud	e					

[भाग II—खण्ड 3(i)]		भ	ारत का रा	जपत्र :	असाधा	रण					9	3
(b) Contact Information												
Office Email Address					Offi	ce Telep	hone nu	mber	STD	1		
Mobile Number					Office Fax Number S'			STD	ı			
(c) Nature of premises					1				I.			
Own Leased			Rented			Conser	nt	Sha	red	Othe	ers (speci	fy)
(d) Nature of business activity be	eing ca	rried ou	ut at abo	ve mei	ntioned	l premiso	es (Pleas	e tick ap	plicabl	le)		
Factory/Manufacturing			Who	lesale	Busine	ess		Retail	Busine	SS		
Warehouse/Depot			Bond	led Wa	arehou	se		Suppli	er of se	ervices		
Office/Sale Office			Leasi	ing Bu	siness			Recipi	ent of g	goods o	r services	s 🗆
EOU/ STP/ EHTP			Worl	ks Con	tract			Export				
Import			Othe	rs (spe	cify)							
	11 D		IZ . D. I		ъ.		1 1	1 .:	D:	. 0.1	1	<u> </u>
21. Details of Proprietor/ Managing Committee of Association					g Dır	ectors a	and who	ole time	Dire	ctor/Me	embers ()İ
Destination	T:	4 Massa			M: 11	1 - N		Tax	4 NI	_		
Particulars	Firs	t Name	2		Midd	le Name		Las	t Name	e 		
Name												
Photo								I				
Name of Father												
Date of Birth	DD	/MM/Y	YYY		Gender			<m:< td=""><td colspan="4"><male, female,="" other=""></male,></td></m:<>	<male, female,="" other=""></male,>			
Mobile Number					Email address							
Telephone No. with STD												
Designation /Status				Dire	ctor Id	lentificat	ion Nun	nber (if				
2 congination / Statutes				any)				1001 (11				
Permanent Account Number				Aad	haar N	umber						
And the second of the second s	V	/No		Dana	NI	·	C C	:				
Are you a citizen of India?	res	3/INO		Pass	port N	o. (in ca	ase of for	reigners)				
Residential Address				<u> </u>								
Building No/Flat No				Floo	r No							
Name of the Premises/Building				Road/Street								
City/Town/Locality/Village				Dist	rict							
Block/Taluka												

PIN Code

ZIP code

State

only)

Country (in case of foreigner

22. Details of Author	ised Signator	У											
Checkbox for Primary A	Authorised Si	ignatory	7		_								
Details of Signatory No	o. 1												
Particulars	First Name	•	Mide	dle Na	me			Last	Name				
Name													
Photo			<u>.l</u>				1						
Name of Father													
Date of Birth	DD/MM/Y	YYY	Geno	Gender				<male< td=""><td>e, Fema</td><td>ale, Otl</td><td>her></td><td></td><td></td></male<>	e, Fema	ale, Otl	her>		
Mobile Number			Ema	il addr	ess								
Telephone No. with STD													
Designation /Status						tor Ider oer (if a	ntificati iny)	ion					
Permanent Account Number					Aadha	aar Nui	nber						
Are you a citizen of India?	Yes/No			Passport No. (in ca foreigners)				se of					
	<u>-</u>				<u> </u>								
Residential Address	in India												
Building No/Flat No				Fl	oor No								
Name of the Premises/Building				Ro	oad/Stre	eet							
Block/Taluka				\neg									
City/Town/Locality/	Village			D:	istrict								
State				PI	IN Code								
23. Details of Authoris Enrolment ID, if avails	-	ative						ı		l			
Provide following deta		nent ID	is not:	availal	ale								
Permanent Account Number	1115, 11 CIII OIII		15 1101	avanac	<u>———</u>								
Aadhaar, if Permanent Account Number is no available	ot												
	First	Name		Middle Name				Last Name					
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 re-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

Place: Name of Authorised Signatory

Date: Designation/Status

List of documents to be uploaded:-Photographs (wherever specified in the Application Form) (a) Proprietary Concern – Proprietor (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) (c) Hindu Undivided Family - Karta (d) Company – Managing Director or the Authorised Person (e) Trust – Managing Trustee (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 (g) Local Authority – Chief Executive Officer or his equivalent (h) Statutory Body – Chief Executive Officer or his equivalent (i) Others – Person in Charge 2. 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.

3. Proof of Principal Place of Business:

(a) For Own premises –

Any document in support of the ownership of the premises like latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.

(b) For Rented or Leased premises -

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.

(c) For premises not covered in (a) and (b) above –

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.

- (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.
- (e) If the principal place of business is located in a Special Economic Zone or the applicant is an Special Economic Zone developer, necessary documents/certificates issued by Government of India are required to be uploaded.

4 Bank Account Related Proof:

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.

5 Authorisation Form:-

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:

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.)

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)

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.

Signature of the person competent to sign

Name:

Designation/Status:

(Name of the proprietor/Business Entity)

Acceptance as an authorised signatory

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.

Signature of Authorised Signatory Place:

(Name)

Date:

Designation/Status:

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 Number 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 need to upload scanned copy of the declaration 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 In charge
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 In charge

- 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. State specific information are relevant for the concerned State only.
- 7. Application filed by undermentioned persons shall be signed digitally:-

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	Digital Signature Certificate (DSC)-Class-2 and above.
	Foreign Limited Liability Partnership	

Sr. No	Type of Applicant	Type of Signature required
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 business verticals within a State, requiring a separate registration for any of its business verticals shall need to apply separately in respect of each of the vertical.
- 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.

Form GST REG-02

[See rule 8(5)]

Acknowledgment

Application Reference Number (ARN) -	
You have filed the application successfully and the particulars of the application are given as under:	
Date of filing	:
Time of filing	:
Goods and Services Tax Identification Number, if available :	
Legal Name	:
Trade Name (if applicable):	
Form No.	:
Form Description	:
Center Jurisdiction	:
State Jurisdiction	:
Filed by	:
Temporary reference number (TRN), if any:	
Payment details*	: Challan Identification Number
	: Date
	: Amount
It is a system generated acknowledgement and does not require any signature.	
* Applicable only in case of Casual taxable person and Non Resident taxable person	