
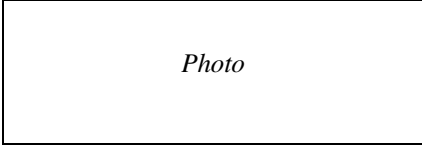


9.		Name
Designation/Status		
Resident of State		
10.		Name
Designation/Status		
Resident of State		

Form GST REG-07

[See rule 12(1)]

Application for Registration as Tax Deductor at source (u/s 51) or Tax Collector at source (u/s 52)

State /UT-

District -

Part -A

(i)	Legal Name of the Tax Deductor or Tax Collector(As mentioned in Permanent Account Number/ Tax Deduction and Collection Account Number)	
(ii)	Permanent Account Number (Enter Permanent Account Number of the Business; Permanent Account Number of Individual in case of Proprietorship concern)	
(iii)	Tax Deduction and Collection Account Number (Enter Tax Deduction and Collection Account Number, if Permanent Account Number is not available)	
(iv)	Email Address	
(v)	Mobile Number	

Note - Information submitted above is subject to online verification before proceeding to fill up Part-B.**Part -B**

1	Trade Name, if any			
2	Constitution of Business (Please Select the Appropriate)			
(i) Proprietorship	<input type="checkbox"/>	(ii) Partnership	<input type="checkbox"/>	
(iii) Hindu Undivided Family	<input type="checkbox"/>	(iv) Private Limited Company	<input type="checkbox"/>	
(v) Public Limited Company	<input type="checkbox"/>	(vi) Society/Club/Trust/Association of Persons	<input type="checkbox"/>	
(vii) Government Department	<input type="checkbox"/>	(viii) Public Sector Undertaking	<input type="checkbox"/>	
(ix) Unlimited Company	<input type="checkbox"/>	(x) Limited Liability Partnership	<input type="checkbox"/>	
(xi) Local Authority	<input type="checkbox"/>	(xii) Statutory Body	<input type="checkbox"/>	
(xiii) Foreign Limited Liability Partnership	<input type="checkbox"/>	(xiv) Foreign Company Registered (in India)	<input type="checkbox"/>	
(xv) Others (Please specify)	<input type="checkbox"/>			
3	Name of the State	<input type="checkbox"/>	District	<input type="checkbox"/>
4	Jurisdiction -	State		Centre
		Sector /Circle/ Ward /Charge/Unit etc.		
5	Type of registration	Tax Deductor <input type="radio"/> Tax Collector <input type="radio"/>		

6.	Government (Centre/State/Union Territory)		Center	<input type="radio"/>	State/UT	<input type="radio"/>
7.	Date of liability to deduct/collect tax	DD/MM/YYYY				
8.	(a) Address of principal place of business					
Building No./Flat No.			Floor No.			
Name of the Premises/Building			Road/Street			
City/Town/Locality/Village			District			
Block/Taluka						
Latitude			Longitude			
State			PIN Code			
(b) Contact Information						
Office Email Address			Office Telephone number			
Mobile Number			Office Fax Number			
(c)	Nature of possession of premises					
	Own	Leased	Rented	Consent	Shared	Others(specify)
9.	Have you obtained any other registrations under Goods and Services Tax in the same State?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
10	If Yes, mention Goods and Services Tax Identification Number					
11	IEC (Importer Exporter Code), if applicable					
12	Details of DDO (Drawing and Disbursing Officer)/Person responsible for deducting tax/collecting tax					
Particulars						
Name		First Name	Middle Name		Last Name	
Father's Name						
Photo						
Date of Birth		DD/MM/YYYY	Gender		<Male, Female, Other>	
Mobile Number			Email address			
Telephone No. with STD						
Designation /Status			Director Identification Number (if any)			
Permanent Account Number			Aadhaar Number			
Are you a citizen of India?		Yes/No	Passport No. (in case of Foreigners)			
Residential Address						
Building No./Flat No.			Floor No.			

Name of the Premises/Building		Locality/Village	
State		PIN Code	

13. Details of Authorised Signatory

Checkbox for Primary Authorised Signatory ☐

Details of Signatory No. 1

Particulars	First Name	Middle Name	Last Name
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
Permanent Account Number		Aadhaar Number	
Are you a citizen of India?	Yes/No	Passport No. (in case of foreigners)	

Residential Address (Within the Country)

Building No./Flat No.		Floor No.	
Name of the Premises/Building		Road/Street	
City/Town/Locality/Village		District	
State		PIN Code	
Block/Taluka			

Note – Add more ...

14. Consent

I on behalf of the holder of Aadhar number <pre-filled based on Aadhar 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 Aadhar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.

List of documents to be uploaded (not applicable to a department or establishment of the Central Government or State Government or Local Authority or Governmental agencies):-

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 an 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.

1. Enter name of Tax Deductor /Tax Collector as recorded on Tax Deduction and Collection Account Number/ Permanent Account Number of the Business. Tax Deduction and Collection Account Number/Permanent Account Number shall be verified with Income Tax database.
2. Provide Email Id and Mobile Number of DDO (Drawing and Disbursing Officer)/Person responsible for deducting tax/collecting tax for verification and future communication which will be verified through One Time Passwords to be sent separately, before filling up of the application.
3. Person who is acting as DDO/ Person deducting/collecting tax can sign the application.
4. The application filed by undermentioned persons shall be signed digitally.

Sr. No.	Type of Applicant	Digital 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 specified or as may be notified.

5. All information relating 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 information.

6. Status of the application filed online can be tracked on the Common portal.
7. No fee is payable for filing application for registration.
8. Authorised shall not be a minor.

Form GST REG-08*[See rule 12(3)]*

Reference No

Date:

To

Name:

Address:

Application Reference No. (ARN) (Reply)

Date:

Order of Cancellation of Registration as Tax Deductor at source or Tax Collector at source

This has reference to the show-cause notice issued vide Reference Number dated for cancellation of registration under the Act.

☐ Whereas no reply to show cause notice has been filed; or

☐ Whereas on the day fixed for hearing you did not appear; or

☐ Whereas your reply to the notice to show cause and submissions made at the time of hearing have been examined.

The undersigned is of the opinion that your registration is liable to be cancelled for the following reason(s).

1.

2.

The effective date of cancellation of registration is <<DD/MM/YYYY >>.

You are directed to pay the amounts mentioned below on or before ----- (date) failing which the amount will be recovered in accordance with the provisions of the Act and rules made thereunder.

(This order is also available on your dashboard).

Head	Integrated tax	Central tax	State tax	UT Tax	Cess
Tax					
Interest					
Penalty					
Others					
Total					

Signature
Name

Designation

Jurisdiction

Form GST REG-09*[See rule 13(1)]***Application for Registration of Non Resident Taxable Person****Part -A**

State /UT –

District -

(i)	Legal Name of the Non-Resident Taxable Person	
(ii)	Permanent Account Number of the Non-Resident Taxable person, if any	