## FORM ST-1

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

(*Please tick appropriate box below*)

□ New Registration

☐ Amendments to information declared by the existing Registrant.

Registration Number in case of existing Registrant seeking Amendment

1.	(a)	Na	me	of a	app	lica	nt														
	<b>(b)</b>	Ad	dre	ss c	of tl	ie a	<b>pp</b>	lica	nt												
2.	2. Details of Permanent Account Number (PAN) of the applicant										nt										
(a) V	Wheth	er I	PAN	l ha	as b	een	n iss	sue	d by	y th	e I	nco	me	Та	x D	epa	artı	ner	nt		
	Yes / No																				
<b>(b)</b>	If Ye	s, tl	ne F	PAN	I																
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(c)	(c) Name of the applicant (as appearing in PAN)																				
3.	<b>3.</b> (a) Constitution of applicant (Tick as applicable)																				
(i)	Prop	orie	tors 7	ship	)																
(ii)	Part	ner	_ shij	р																	
(iii)	Regi	ster	ed ]	Put	olic	Lir	nite	ed (	Con	npa	iny										
(iv)	(iv) Registered Private Limited Company																				
( <b>v</b> )	(v) Registered Trust																				
(vi)	(vi) Society/Cooperative society																				
(vii)	Other	rs	٦																		

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(b) Oth (i) Inpı	-				-		ons	; L 7												
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(ii) Anv	i) Any provider of taxable service whose aggregate value of taxable																			
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5. (a) I							•		as c	ıpp	lica	ıble	)							
(i) Reg	istrati	on	of a	sın	gle	pre	emi	se												
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(b) Add	lress o	f Pı	rem	ises	fo	r w	hic	h R	legi	istr	ati	on i	s so	ugl	nt					
. ,	(i) Na								$\mathbf{U}$					0						
(ii) Flat	/Door	/Blo	ock	No.																
(iii) Ro	oad/St	ree	t/La	ne	-	T		1	1						-	T				
(i	iv) <u>Vil</u>	lag	e / A	Area	1/l	Lan	e	1	1						-	-	1			
(*	v) Blo	ock/	Tal	uk/	Sul	)-D	ivis	sion	n/To	owi	n				-	-	1		- T	_
(vi) Pos	t offic	e	<b></b>		1	1	1	1				<b>—</b> T	<b>—</b>		1	<del></del>				_
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(vii)Cit	y/Dist	rict	<del></del>	<u> </u>	<b>—</b>	1	<u> </u>	1					-	-	<b>—</b>	<u> </u>				
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(viii)State/	Un	ion	ι T	err	ito	ry									
(ix) PIN															
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(xi) Fax No	<b>).</b>														
(xii)E-mail	A	ddı	res	S											

(c) In case of application for Centralized Registration, furnish address of all the premises from where taxable services are provided or intended to be provided (FORMAT AS PER 5(b) ABOVE)

(d) In case of application for Input Service Distributor, furnish address of all the premises to which credit of input services is distributed or intended to be distributed (FORMAT AS PER 5(b) ABOVE)

6. Address of the premises or office paying service tax under centralised billing or centralised accounting under sub-rule (2) and (3A) of rule 4 of the Service Tax Rules, 1994.

Address

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## 7. Description of taxable services provided or to be provided by applicant

S.No.	Description of service	Relevant clause of section 65 of the Finance Act, 1994,
		to be indicated, if possible
(1)	(2)	(3)

8. Name, Designation and Address of the Authorized Signatory /Signatories: DECLARATION

I, \_\_\_\_\_\_hereby declare that the information given in this application form is true, correct and complete in every respect and that I am authorized to sign on behalf 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:

(Original existing Registration Certificate is required to be enclosed)

(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)

I hereby acknowledge the receipt of your Application Form

(a) For new Registration

(As desired, the New Registration Certificate will be sent by E-MAIL/ mail/handed over to you in person on\_\_\_\_\_)

(b) For amendments to information in existing Registration (I hereby acknowledge receipt of original existing Registration Certificate)

Signature of the Officer of Central Excise (with Name & Official Seal)

Date: