

Documents required for Centralised service tax Registration

- 1) Form ST-1.**
- 2) Copy of **PAN card of firm**
- 3) Copy of Partnership deed.**
- 4) Proof of **Address** which is to be registered with service tax department.
(telephone bill/electricity bill/COPY OF Bank statement of firm)
- 5) Copy of PAN card of all partners.
- 6) Name and address of partners with telephone number.
- 7) Address proof of all partners.
- 8) Letter of Authority to collect ST-2 certificate (draft enclosed)
- 9) Addresses of branches as per format 5(b) in ST-1 with address proof of branches (like LL agreement/telephone bill/electricity bill) for centralized registration.

You are requested to send all the above documents by affixing the company's rubber stamp and signature of the one partner in triplicate.

(Please tick appropriate box below)

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Registration Number in case of existing Registrant seeking Amendment

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|----|--------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | (a) Name of applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (b) Address of the applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | Details of Permanent Account Number (PAN) of the applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (a) Whether PAN has been issued by the Income Tax Department | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (b) If Yes, the PAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | (c) Name of the applicant (as appearing in PAN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. | (a) Constitution of applicant (Tick as applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Proprietorship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iii) Registered Public Limited Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iv) Registered Private Limited Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (v) Registered Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (vi) Society/Cooperative society | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (vii) Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(b) Name, Address and Phone Number of Proprietor/Partner/Director

(i) Name

[illegible]

(ii) Address

[illegible]

(iii) Phone Number

[illegible]

4. Category of Registrant (*Please tick appropriate box*)

(a) **Person liable to pay service tax**

7

(i) Service provider

7

(ii) Service recipient

(b) Other person/class of persons

9

(i) Input service distributor

(ii) Any provider of taxable service whose aggregate value of taxable service in a financial year exceeds three lakh rupees

7

5. (a) Nature of Registration *(Tick as applicable)*

7

(i) Registration of a single premise

(ii) Centralized Registration for more than one premises

7

(b) Address of Premises for which Registration is sought

(i) Name of Premises / Building

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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(ii) Flat/Door/Block No.

[illegible]

(iii) Road/Street/Lane

[illegible]

(iv) Village / Area / Lane

[illegible]

(v) Block/Taluka/Sub-Division/Town

[illegible]

(vi) Post office

[illegible]

(vii) City/District

[illegible]

(viii) State/Union Territory

(ix) PIN

(xi) Fax No.

(xii)E-mail Address

NAME :
DESIGNATION :
ADDRESS :

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:

POWER OF ATTORNEY

POWER OF ATTORNEY TO COLLECT ST-2 CERTIFICATE

By this power of attorney executed at..... on this..... day of..... 2008. I, _____

hereby nominate, constitute and appoint, Shri. Laxman Patole and/or representative of M/s. Bajrang Paras & Co. having office at 201, Ashoka Shopping Centre, Navghar Road, Bhayandar (East) Dist. Thane -401105 as my attorney for me/my firm and on my/our behalf to do or file/execute/collect Service Tax Registration certificate or any of the acts or things in connection with the service Tax.

And I hereby agree to ratify and confirm all and whatsoever attorney shall do.

Yours truly,

(ON LETTER HEAD)

RESOLUTION PASSED BY THE BOARD OF DIRECTORS OF -----AT ITS
MEETING HELD ON ____

"RESOLVED THAT vide Board Resolution Number_____, dated _____, we hereby authorised Shri. _____ and or Shri. _____ and or Shri. _____, of the company to sign, deal and comply with the provisions of the Service Tax Rules or matters".

For -----

Director

(ON LETTER HEAD)

ANNEXURE –A

Name & Addresses of the Directors of the company.

Name

Address

ANNEXURE –B

<u>SR NO.</u>	<u>NAME AND ADDRESS OF THE PREMISES/OFFICE</u>
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<u>ECC.NO.</u>
