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							
	\square Amendments to information declared by the existing Registrant.							
	Registration Number in case of existing Registrant seeking Amendment							
1.	(a) Name 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							
	Yes No							
	(b) If Yes, the PAN							
	(c) Name of the applicant (as appearing in PAN)							
3.	(a) Constitution of applicant (Tick as applicable)							
	(i) Proprietorship							
	(ii) Partnership							
	(iii) Registered Public Limited Company							
	(iv) Registered Private Limited Company							

(v) Registered Hust										
(vi) Society/Cooperative society										
(vii) Others										
(b) Name, Address and Phone Number of Proprietor/Partner/Director										
(i) Name										
(ii) Address										
(iii) Phone Number										
4. Category of Registrant (<i>Please tick appropriate box</i>)										
(a) Person 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) Nature of Registration (Tick as applicable)										
(i) Registration of a single premise										
(ii) Centralized Registration for more than one premises \Box										

(i) Name of Premises / Building														
(ii) Flat/Door/Block No.														
(iii) Road/Street/Lane														
(iv) Village / Area / Lane														
(v) Block/Ta	luk/Sı	ub-Di	ivis	ion	/Tc	wn	l							
(vi) Post off	(vi) Post office													
(vii)City/Dis	trict													
(viii)State/U	nion	Terri	tory	/										
(ix) PIN														
(x) Telephone Nos.:														
(xi) Fax No.														
(xii)E-mail Address														
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(b) Address of Premises for which Registration is sought

	(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.																							
Add	dress																							
7.	7. Description of taxable services provided or to be provided by applicant																							
S.No.	Description	on of	ser	vice)	Rele						ion	65 (of th	e F	inar	ice .	Act	, 19	94	, to I	be		
(1)	(2)					(3)		,	F											_				
8.	Name, Des	signa	atio	n ar	nd A	ddre	ss o	f th	e Aı	ıtho	orize	d S	ign	ato	ry /	Sigr	nato	rie	s:					
								DE	CLA	RA	TIO	N												
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 Regis	trati	on:																					
l would	I would like to receive the Registration Certificate by mail / by hand/ E-MAIL																							
(b) For	amendme	nts t	o in	ıforı	mati	on p	erta	inin	g to	exi	stin	g R	egi	stra	nt:									
Data fr	Date from which amendments are made:																							

(Signature of the applicant/authorized person with stamp)

(Original existing Registration Certificate is required to be enclosed)

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 se you in person on)	ent by E-MAIL/ mail/handed over to
(b) For amendments to information in existing Registration original existing Registration Certificate)	(I hereby acknowledge receipt of
	ture of the Officer of Central Excise (with Name & Official Seal)
Date:	