Annexure "D"

EST Registration Form																							
1	1 Application for registration							New						Amendment									
I					Central Excise							Service Tax											
2	Name of applicant																						
3	Name of business																						
4	PAN	Applic	cant								Busin												
5	Constitution of bus	iness																					
	Proprietorship	Proprietorship						ndivided Family (HUF)							Govt. Deptt.								
	Partnership				Pri	ivate	e L	imit	ed	Comp	any			F	PSL	J's							
	Unlimited Compan	у			Pu	blic	Li	imite	ed C	Compa	any			L	.LP	's							
	Society/ Club/ Trus	st			Ot	hers	3																
6	Indicate existing re	gistratio	ons of	f the	e sa	ame	e le	egal	ent	ity:													
	Central Excise		Y/N		CST Registration No									Y,	/N								
	Service Tax		Y/N					IEC	No						Y,	/N							
	State VAT (TIN)		Y/N							ite Ide					Y,	/N							
7	Investment in land, registration):	, plant a	and m	ach	nine	ery (R	s. la	khs) (for (Centr	al E	xcis	е									
8	Whether applied for centralized registration (for Service Tax registration):																						
9	9 Details of place of business including head office (if multiple premises give information for each)													h)									
	Name of premises/	1																					
	Flat/ Floor/Door/Block No																						
	Road/ Street/ Lane Block/ Taluka/ Subdivision/ Town Post office Pin code																						
															ti -	1							
							Census code							e									
	Premises Owned						Leased/ Rented Telephone No						lo.	_									
	E-mail address		Fax No									_	_	_	_		_	_					
	Whether invoices is							Y/N												L			
							at this premises (please tick ap							ippr	propriate): Dealer								
	Factory			STPI/ EHT				Service provider										aler				_	<u> </u>
	Importer	di	put s stribu	tor	r				Service recipient						Wa			arehouse					
	Depot		ead o																		L	L	
10	Details of bank acc	count (G	Sive d	eta	ils	of a	ll t	he b	anl	k acco	ounts	use					ing	bı	JSI	ne	ss)):	
	Name of the bank						IFSC Code																
	A/c No. Name of premises/ Building						Type of account MICR No																
																				_	_	_	
	Flat/ Floor/Door/Block No																						
	Road/ Street/ Lane																					_	
	Block/ Taluka/ Subdivision/ Town																					_	
	Post office																						

	Pin code					Cer	nsus code					
11	Details of persons (including the authorized signatory) responsible for conducting business:											
	Name of the perso	Fi	irst Nam	ne	Middle	Name	Surname					
	Father's name			irst Nam	ne	Middle	Name	St	Irname			
	Designation					Passp	ort No					
	Gender	M/F	PAN			DIN		Email				
	Address				Present		Permanent					
	Name of premises	/ Building	9									
	Flat/ Floor/Door/Bl	ock No.										
	Road/ Street/ Lane	;										
	Block/ Taluka/ Sub	Town										
	Post office											
	Pin code											
	If engaged in any o	other bus	siness, giv	e the na	ame	of business						
12	Details of goods and output services provided in which the business deals:											
	SI.No.	Descrip [.] services	tion of goo	ods/		CETH/ Cla		of section 65 of Finance 1994				
13	Verification											
	I hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/ our knowledge and belief and nothing has been concealed therefrom											
				Signat	ture	of applicant						
	Place			Name	ofa	applicant						
	Date			Desig	natio	on						

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