

### **Form GST -TRP -1**

[See Rule .....]

#### **Application for Enrolment as Tax Return Preparer under Goods and Services Tax Act, <<20...>>**

S. No.	Particulars	M/O/D	
1.	Type of Application	M	New <input type="checkbox"/> Renewal <input type="checkbox"/>
2.	Enrolling Authority	M	Centre Authority <input type="checkbox"/> State Authority <input type="checkbox"/>
3.	State	M	
4.	Jurisdiction	M	
5.	Period of Enrollment	M	From ..... To .....
6.	<b>Enrolment sought as:</b>	M	
6.1	Chartered Accountant holding COP		
6.2	Company Secretary holding COP		
6.3	Cost & Management Accountant holding COP		
6.4	Lawyer currently licensed to practice		
6.5	Retired employee of Centre / State Revenue Department		
6.6	Others		
7.	<b>Applicant Details</b>		

7.1	Name		
7.2	Date of Birth	M	
7.3	Gender	M	
7.4	Aadhar	O	
7.5	PAN	M	
7.6	Mobile Number	M	
7.7	Landline Number	O	
7.8	E Mail Id	M	
8.	<b>Professional Address</b>	<b>M</b>	
	Building No./ Flat No./ Door No.		
	Floor No.		
	Name of the Premises/ Building		
	Road/ Street Lane		
	Locality / Area /Village		
	District		
	State		
	PIN Code		
9.	<b>Qualification Details</b>	<b>M</b>	
	Qualifying Degree		
	Affiliation University/ Institute		

	Membership/ Enrollment Number		
	Date of Enrollment/ Membership		
	Membership Valid up to		

**10. Verification and Declaration**

I/We \_\_\_\_\_ 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 there from..

**Signature of Authorized Signatory** (Tax Return Preparer)

E-Sign/ DSC

Full Name (first name, middle, last name)

Place

Date