

**Form GST ENR-01**

[See rule 58(1)]

**Application for Enrolment u/s 35 (2)**

[only for un-registered persons]

1.	(a) Legal name			
	(b) Trade Name, if any			
	(c) PAN			
	(d) Aadhaar (applicable in case of proprietorship concerns only)			
2.	Type of enrolment			
	Transporter <input type="radio"/> Godown owner /operator <input type="radio"/> Warehouse owner /operator <input type="radio"/> Cold storage owner /operator <input type="radio"/>			
3.	Constitution of Business (Please Select the Appropriate)			
	(i) Proprietorship	<input type="checkbox"/>	(ii) Partnership	<input type="checkbox"/>
	(iii) Hindu Undivided Family	<input type="checkbox"/>	(iv) Private Limited Company	<input type="checkbox"/>
	(v) Public Limited Company	<input type="checkbox"/>	(vi) Society/Club/Trust/Association of Persons	<input type="checkbox"/>
	(vii) Government Department	<input type="checkbox"/>	(viii) Public Sector Undertaking	<input type="checkbox"/>
	(ix) Unlimited Company	<input type="checkbox"/>	(x) Limited Liability Partnership	<input type="checkbox"/>
	(xi) Local Authority	<input type="checkbox"/>	(xii) Statutory Body	<input type="checkbox"/>
	(xiii) Foreign Limited Liability Partnership	<input type="checkbox"/>	(xiv) Foreign Company Registered (in India)	<input type="checkbox"/>
	(xv) Others (Please specify)	<input type="checkbox"/>		<input type="checkbox"/>
4.	Name of the State		District	
5.	Jurisdiction detail			
	Centre		State	
6.	Date of commencement of business			
7.	Particulars of Principal Place of Business			
(a)	Address			
	Building No./Flat No.		Floor No.	
	Name of the Premises/Building		Road/Street	
	City/Town/Locality/Village		District	
	Taluka/Block			
	State		PIN Code	
	Latitude		Longitude	
(b)	Contact Information			

Office Email Address		Office Telephone number	STD	
Mobile Number		Office Fax Number	STD	
(c)	Nature of premises			
	Own	Leased	Rented	Consent
		Shared	Others (specify)	
(d)	Nature of business activity being carried out at above mentioned premises (Please tick applicable)			
Warehouse/Depot	<input type="checkbox"/>	Godown	<input type="checkbox"/>	Retail Business
Office/ Sale Office	<input type="checkbox"/>	Cold Storage	<input type="checkbox"/>	Transport services
Others (Specify)	<input type="checkbox"/>			
8.	Details of additional place of business	Add for additional place(s) of business, if any (Fill up the same information as in item 7 [(a), (b), (c) & (d)])		
9.	Details of Bank Accounts (s)			

Total number of Bank Accounts maintained by the applicant for conducting business (Upto 10 Bank Accounts to be reported)	
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Details of Bank Account 1

Account Number																
Type of Account											IFSC					
Bank Name																
Branch Address	To be auto-populated (Edit mode)															

Note – Add more accounts -----

10.	Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.
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Particulars	First Name	Middle Name	Last Name
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	

PAN		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	
Residential Address			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
City/Town/Locality/Village		District	
Block/Taluka			
State		PIN Code	
Country (in case of foreigner only)		ZIP code	

11.	Details of Authorised Signatory
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Particulars	First Name	Middle Name	Last Name
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
PAN		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	

Residential Address in India			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
Block/Taluka			
City/Town/Locality/Village		District	
State		PIN Code	

12.	Consent
<p><i>I on behalf of the holder of Aadhaar number &lt;pre-filled based on Aadhaar number provided in the form&gt; give consent to “Goods and Services Tax Network” to obtain my details from UIDAI for the purpose of authentication. “Goods and Services Tax Network” has informed me that identity information would only be used for validating identity of the Aadhaar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.</i></p>	

13. List of documents uploaded

(Identity and address proof)

14. Verification

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature

Place:  
.....

Name of Authorised Signatory

Date:

Designation/Status.....

**For office use –**

Enrolment no. -

Date -