

[Pursuant to rule 38A of the
Companies (Incorporation) Rules,
2014]

Application for **G**oods and services tax
Identification number, employees state **I**nsurance
corporation registration **pLus** **E**mployees
provident fund organisation registration)

(This AGILE form is part of SPICe eform for GSTIN/ EPFO / ESIC)

1. * Do you want to apply for additional services like GSTIN / EPFO / ESIC? Yes No

2. * Select the service you want to apply for: GSTIN EPFO ESIC

3. * State (Same as entered in SPICe)

4. * District (Same as entered in SPICe)

5. * State Jurisdiction

* Sector / Circle / Ward /Charge / Unit

6. * Center Jurisdiction

Commissionerate

Division

Range

7. * Reason to Obtain Registration

Vuntary

8. *Whether The Establishment On Lease Yes No

* Leased From Date

To Date

(a). * Nature of possession of premises

(b) * Proof of Principal Place of Business

(c) * Whether the building/premises of Establishment.is owned or hired.

* If hired or there is a change in the name of Unit/ownership, please indicate

* Leased From Date

To Date

9. * Option for Composition Yes No

a) Composition Declaration

I hereby declare that aforesaid business shall abide by the conditions and restrictions specified in the Act or Rules for opting to pay tax under the composition levy.

b) Category of Registered Person

Manufacturer of non-notified goods

Supplier of food and non-alcoholic drinks

Any other eligible supplier

10. * Nature of Business Activity being carried out at above mentioned Premises (Please tick applicable)

Factory / Manufacturing	<input type="checkbox"/>	Wholesale Business	<input type="checkbox"/>	Retail Business	<input type="checkbox"/>
Warehouse/Depot	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Supplier of services	<input type="checkbox"/>
Office/Sale Office	<input type="checkbox"/>	Leasing Business	<input type="checkbox"/>	Recipient of goods or services	<input type="checkbox"/>
EOU/ STP/ EHTP	<input type="checkbox"/>	Works Contract	<input type="checkbox"/>	Export	<input type="checkbox"/>
Import	<input type="checkbox"/>	Others (specify), If others, please specify _____	<input type="checkbox"/>		

(A). * Primary Business Activity

*If Others selected, please specify

(B) * Exact nature of work / business

* Work Sub-category

* Nature of work business

11. *Details of the Goods supplied by the Business

HSN Code (Four digit)

Description of Goods

Pre-fill

12. *Details of Services supplied by the Business.

Service Accounting Code

Description of Services

Pre-fill

13. Directors / Primary Owners / Office Bearer Details

(Minimum number of directors to be entered for OPC shall be 1, 2 in case of private company, 3 in case of public limited company and 5 in case of Producer Company)

Number of Director details to be entered

2

(A) *Enter Director details who is also an Authorised Signatory / Primary Owner / Office Bearer

* Directors Identification Number (DIN) Permanent Account Number (PAN)

*DIN

*PAN

*First Name

Middle Name

*Last Name

Pre-fill

Photograph

Attach
Photograph

Remove
Photograph

Attach a latest passport size photograph by clicking the above box

*Personal Mobile Number

+91

Send OTP

*Personal Email Id

*Enter OTP for Mobile Number

*Enter OTP for Email Id

Verify OTP

(B) *Director Details other than Authorised Signatory / Primary Owner / Office Bearer

* Directors Identification Number Permanent Account Number / Passport Number (in case of foreign national

*DIN

*PAN / Passport Number

*First Name

Middle Name

*Last Name

*Personal Mobile Number

*Personal Email ID

Pre-fill

Photograph



Attach Photograph

Remove Photograph

Attach a latest passport size photograph by clicking the

14. * Police Station

15. * **Employer's Particulars**

* Select Appropriate Branch Office

* Select Inspection Office

List of Attachments

Attachments



1. *Proof of Principal place of business

2. *Proof of appointment of Authorized Signatory

(Either of the following document can be attached.

Letter of Authorisation

Copy of Resolution passed by BoD / Managing Committee and Acceptance letter)

3. * Specimen Signature

GST Declaration (By Authorized Signatory)

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.

ESIC Declaration *(By Office Bearer)*

I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes if any, promptly to the Regional Office/Sub Regional Office, ESI Corporation as soon as such change takes place.

EPFO Declaration *(By Primary Owner)*

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

Place

Date

Designation

***To be digitally signed by director (who has signed the SPICe form)**

* DIN/PAN

DSC BOX

(Authorized signatory / Primary Owner / Office Bearer signing the AGILE form shall provide his Permanent Account Number)

Modify

Check Form

Prescrutiny

Submit