## INC-35

## **AGILE-PRO-S**

(Application for Goods and services tax Identification number, employees state Insurance corporation registration pLus Employees provident fund organisation registration, Profession tax Registration, Opening of bank account and Shops and Establishment Registration)



Form language

| <ul><li>English</li></ul> | ○ Hindi |
|---------------------------|---------|
|---------------------------|---------|

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

Refer instruction kit for filing the form All fields marked in \* are mandatory

| *Name of the Company                        |       |      |
|---|-------|------|
| Name of the company                         |       |      |
| 1 *Do you want to apply for GSTIN           | ○ Yes | ○ No |
| 2 *State (Same as entered in SPICe+)        |       |      |
| 3 *District (Same as entered in SPICe+)     |       |      |
| 4 State Jurisdiction                        |       |      |
| Sector / Circle / Ward / Charge / Unit      |       |      |
| 5 Centre Jurisdiction                       |       |      |
| Commissionerate                             |       |      |
| Division                                    |       |      |
| Range                                       |       |      |
| 6 Reason to Obtain Registration             |       |      |
| 7 *Whether the Establishment on Lease       | ⊜ Yes | ○ No |
| Leased from Date                            |       |      |
| Leased to Date                              |       |      |
| 7a Nature of possession of premises         |       |      |
| (Own/Leased /Rented /Consent /SharedOthers) |       |      |
| If selected others,                         |       |      |

| b Proof of Principal place of Business  (Property Tax Receipt (TAXR)/Municipal Khata copy (CMUK),  Electricity Bill (ELCB)/ Rent/ Lease Agreement (RLAT),  Consent Letter (CNLR)/Rent receipt with NOC (In case of no/expired agreement) (RNOC),  Legal ownership document (LOWN) |                             |                          |
|---|-----------------------------|--------------------------|
| Proof of Principal place of business  |                             |                          |
| c *Whether the building/premises of establishment, is owned or hired (Hired / Rented/Owned /Leased)   |                             |                          |
| If hired or there is a change in the name of unit/ownership, please indicate  |                             | ○ No                     |
| Leased from Date  |                             |                          |
| Leased to Date  |                             |                          |
| 8 Option for Composition  | ⊜Yes                        | ○ No                     |
| 8a Composition Declaration  |                             |                          |
| I hereby declare that aforesaid business shall abide by the conditions and restrict pay tax under the composition levy.   | ctions specified in the Act | t or Rules for opting to |
| b Category of Registered Person   |                             |                          |
| <ul> <li>Manufacturer of non-notified goods</li> <li>Supplier of food and non- alcoholic drinks</li> <li>Any other eligible Supplier</li> </ul>   |                             |                          |
| 9 Nature of Business Activity being carried out at above mentioned Premises (Please   | tick applicable)            |                          |
| Factory / Manufacturing, Wholesale Business , Retail Business , Warehouse / Depot, Bonded Warehouse, Supplier of Services, Office / Sale Office, Leasing Business Recipient of goods or services, EOU / STP / EHTP, Works Contract, Export, Import, Others (Please specify)       |                             |                          |
| 9a *Primary Business Activity   |                             |                          |
|   |                             | ,                        |
| If Others selected, please specify  |                             |                          |

| b *Exact nature of work / business   |   |
|--|---|
| *Work Sub-Category   |   |
| *Nature of Work Business   |   |
| 10 Details of the Goods supplied by the Business   |   |
| HSN code (4 Digit)   |   |
| Description of Goods   |   |
| 11 Details of Services supplied by the Business  |   |
| Service Accounting Code (6 digit)  |   |
| Description of Services  |   |
| 12 Director / Primary Owners / Office Bearer Details (Minimum number of directors / Primary Owners / Office Bearers to be entined in case of public limited company and 5 in case of Producer Company) | tered for OPC shall be 1, 2 in case of private company, 3 |
| *Number of Director details to be entered  |   |
| 12a Enter Director details who is also an Authorized Signatory / Primary Ov<br>(Search and select the name of the director)  | wner / Office Bearer                                      |
| DIN  |   |
| *PAN   |   |
| *First Name  |   |
| Middle Name  |   |
| *Last Name   |   |
| *Personal Mobile Number  |   |
| *Personal Email ID   |   |

| Do you wish to perform Aadhaar authentication for GSTN registration  |                       | ○ No               |
|--|-----------------------|--------------------|
| *Photograph  |                       |                    |
| Proof of appointment of Authorized Signatory for GSTN  |                       |                    |
| (Either of the following document can be attachedLetter of Authorization/Copy of Resolution Acceptance letter) | ution passed by BoD/N | Managing Committee |
| *Specimen Signature of Authorized Signatory for EPFO   |                       |                    |
| b Director Details other than Authorized Signatory/Primary Owner / Officer Bearer                              |                       |                    |
| (Search and select the name of the director)   |                       |                    |
| DIN  |                       |                    |
| *PAN / Passport Number   |                       |                    |
| *First Name  |                       |                    |
| Middle Name  |                       |                    |
| *Last Name   |                       |                    |
| *Personal Mobile Number  |                       |                    |
| *Personal Email ID   |                       |                    |
| *Photograph  |                       |                    |
| 13*Police Station  |                       |                    |
| 14 Employer's Particulars  |                       |                    |
| *Select Appropraite Branch Office  |                       |                    |
| *Select Inspection Division  |                       |                    |
|  |                       |                    |
| 15 Bank Particulars  |                       |                    |
| Select Bank Name   |                       |                    |
| *Proof of Identity of Authorized Signatory for opening Bank Account  |                       |                    |
| *Proof of Address of Authorized Signatory for opening Bank Account   |                       |                    |

16 Details for Shops and Establishment Registration

| Whether registration is required under shops and establishment   | ○ Yes                  | ○ No                 |
|--|------------------------|----------------------|
| a Category of Establishment  |                        |                      |
| b Nature of Business   |                        |                      |
|  |                        |                      |
|  |                        |                      |
| Declaration  |                        |                      |
| GST Declaration (By Authorized Signatory)  I hereby solemnly affirm and declare that the information given herein above is true and belief and nothing has been concealed therefrom.   | e and correct to the b | est of my knowledge  |
| ESIC Declaration (By Office Bearer)  **I hereby declare that the statement given above is correct to the best of my knowled changes if any, promptly to the Regional Office/Sub Regional Office, ESI Corporations and the statement given above is correct to the best of my knowledges and the statement given above is correct to the best of my knowledges. | _                      |                      |
| Professional Tax Declaration  The above information is true to the best of knowledge and belief  |                        |                      |
| <b>EPFO Declaration (By Primary Owner)</b> □*I hereby solemnly affirm and declare that the information given herein above is true and belief and nothing has been concealed therefrom  | ue and correct to the  | best of my knowledge |
| Bank Declaration (By Authorized Signatory)  *I hereby solemnly affirm and declare that the information given herein above is true and belief and nothing has been concealed therefrom.  I authorize  Bank and its officials to contact me/   |                        | -                    |
| opening of bank account.  I understand that the bank account number generated through this process will be sha I/we undertake to complete all documentary requirements as per bank KYC norms before  |                        |                      |
| Shops and Establishment (Delhi) Declaration (By Primary Owner)  I hereby solemnly affirm and declare that the information given herein above is true and belief and nothing has been concealed therefrom.  | e and correct to the b | est of my knowledge  |

| *Place   |  |  |
|--|--|--|
| *Date  |  |  |
| *Designation   |  |  |
| *To be digitally signed by director  |  |  |
| *DIN/PAN   |  |  |
| (Authorized Signatory / Primary Owner / Office Bearer signing the SPICe+ -AGILE-PRO-S form shall provide his Permanent Account Number) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |