

FORM NO. INC-35

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

AGILE-PRO

(A)pplication for Goods and services tax
Identification number , employees state
Insurance corporation registration pLus
Employees provident fund organization
registration, P rofession tax R egistration
and O pening of bank account)

(This AGILE-PRO form is part of SPICe+ form for GSTIN / EPFO / ESIC/ Profession Tax/ Bank Account)

*Name of the company	[Text Box]	
1. * Do you want to apply for GSTIN	<input type="radio"/> Yes	<input type="radio"/> No
2. * State (Same as entered in SPICe+)	[Text Box]	
3. * District (Same as entered in SPICe+)	[Text Box]	
4. * State Jurisdiction	[Text Box]	
* Sector / Circle / Ward /Charge / Unit	[Text Box]	
5. * Center Jurisdiction	[Text Box]	
Commissionerate	[Text Box]	
Division	[Text Box]	
Range	[Text Box]	
6. * Reason to Obtain Registration	Voluntary	
7. * Whether The Establishment On Lease	<input type="radio"/> Yes	<input type="radio"/> No
* Leased From Date	[Text Box]	To Date [Text Box]
(a). * Nature of possession of premises	[Text Box]	
(b) * Proof of Principal Place of Business	[Text Box]	
(c) * Whether the building/premises of Establishment is owned or hired.	[Text Box]	
* If hired or there is a change in the name of Unit/ownership, please indicate	[Text Box]	
* Leased From Date	[Text Box]	To Date [Text Box]
8. * Option for Composition	<input type="radio"/> Yes	<input type="radio"/> No
a) Composition Declaration	[Text Box]	

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

9. * 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

10. *Details of the Goods supplied by the Business

HSN Code (Four digit)

Pre-fill

Description of Goods

11. *Details of Services supplied by the Business.

Service Accounting Code

Pre-fill

Description of Services

12. Directors / Primary Owners / Office Bearer/ Authorised Signatory for Banks and Profession Tax

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

Pre-fill

Photograph

*PAN

*First Name

Middle Name

*Last Name

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

Verify OTP

*Enter OTP for Email Id

(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

Pre-fill

Photograph

*PAN / Passport Number

*First Name

Middle Name

*Last Name

*Personal Mobile Number

*Personal Email ID

Attach
Photograph

Remove
Photograph

Attach a latest passport size
photograph by clicking the
above box

13. * Police Station

14. * Employer's Particulars

* Select Appropriate Branch Office

* Select Inspection Office

15. *Bank Particulars

* Select Bank Name

Attachments**List of Attachments**

1. *Proof of Principal place of business
2. *Proof of appointment of Authorized Signatory for GSTN

(**Either of the following document can be attached.**

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

3. *Proof of Identity of Authorized Signatory for opening Bank Account
4. *Proof of Address of Authorized Signatory for opening Bank Account
5. *Specimen Signature of Authorized Signatory for EPFO

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.

Profession Tax Declaration

The above information is true to the best of knowledge and belief

***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

***Bank 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.

I authorize Bank and its officials to contact me/us on phone/ email/ sms for the purpose of opening of bank account.

I understand that the bank account number generated through this process will be shared with MCA by the banks.

I/we undertake to complete all documentary requirements as per bank KYC norms before activation of the account.

Place

Date

Designation

 Director

*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-PRO form shall provide his Permanent Account Number)

Logout

Check Form

Prescrutiny

Submit