



Application for Enrollment of Migrated Registration

Taxpayer Details

Provisional ID

Legal Name (As per PAN)

Legal Name (As per State/Center)

Trade Name

State

PAN of the Business

Constitution

Ward/Circle/Sector

Ward/Circle/Sector No.

Existing Registrations

Sr. No.	Type of Registration	Registration Number	Date of Registration
1	Service Tax Registration Number	ABDFM3622NSD003	26/09/2016

Details of Principal Place of Business

Building No. /Flat No.	Floor No
Name of the Premises/Building	Road/Street
Locality/Village	City / District
State	PIN Code

Contact Information

Mobile Number	
Office Telephone Number	Office Fax No
Office Email Address	
Nature of Possession of Premises	

Details of Additional Places of Business

Total Number of Additional Places	Refer Annexure – I for details
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Details of Goods / Commodities supplied by the Business

Sr. No.	Description of Services	Service Accounting Code
1	LEGAL CONSULTANCY SERVICES	00440480
2	MANAGEMENT CONSULTANTS	00440116

Details of Bank Accounts

Total Number of Bank Accounts

Refer Annexure – II for details

Total Number of Stakeholders

Refer Annexure – III for details

Details of Authorized Signatory

Total Number of Authorized Signatories

Refer Annexure – IV for details

List of Documents Uploaded

Sr. No.	Description of Documents Uploaded
1	Partnership Deed
2	Consent Letter
3	Bank Statement
4	Photo
5	Photo
6	Letter of Authorisation

Declaration

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.