

FORM NO. INC-35

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

AGILE-PRO-S

(Application for Goods and services tax
Identification number, employees state
Insurance corporation registration plus
Employees provident fund organization
registration, Profession Tax Registration and
Opening of Bank Account and Shops and
Establishment Registration)

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

* 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. * Center Jurisdiction

Commissionerate

Division

Range

6. * Reason to Obtain Registration

7. * 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

☐ YES

☐ NO

Leased From Date

To Date

8. * 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

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/Deport <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) <input type="checkbox"/>	

If others, please specify

(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 Goods supplied by the Business

HSN Code (Four Digit)

Description of Goods

11. * Details of Services supplied by the Business.

Service Accounting Code


Description of Services

12. Director / 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

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

<input type="radio"/> Director Identification Number (DIN) <input type="radio"/> Permanent Account Number (PAN)		Photograph
*DIN	<input type="text"/>	
*PAN	<input type="text"/>	
*First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
*Last Name	<input type="text"/>	
*Personal Mobile Number	<input type="text"/> <input type="text"/>	
*Personal Email Id	<input type="text"/>	
*Enter OTP for Mobile Number	<input type="text"/>	
*Enter OTP for Email Id	<input type="text"/>	Attach a latest passport size photograph by clicking the above box
*Do you wish to perform Aadhaar authentication for GSTN registration <input type="radio"/> YES <input type="radio"/> NO		

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

☐ Director Identification Number (DIN)

☐ Permanent Account Number / Passport Number(incase of foreign national)

*DIN

*PAN / Passport Number

*First Name

Middle Name

*Last Name

*Personal Mobile Number

*Personal Email Id

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

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 Authorised 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 rest of the 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

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

* DIN/PAN

(Authorized Signatory/ Primary Owner signing the AGILE-PRO-S form shall provide his Permanent Account Number)
