



# CENTRAL BOARD OF EXCISE AND CUSTOMS

Ministry of Finance - Department of Revenue



## FORM ST-1

[Application form for registration under Section 69 of The Finance Act, 1994(32 of 1994)]

### IDENTIFICATION OF BUSINESS REQUIRING REGISTRATION

<b>Name of Applicant :</b>	INFOBELL IT SOLUTIONS PVT LTD
<b>Address of the Applicant :</b>	03 NO 17, 2ND CROSS, PAMPA EXTENSION KEMPAPURA HEBBAL BANGALORE 560024

### Details of Permanent Account Number(PAN) of the applicant

<b>PAN Status :</b>	Allotted	<b>PAN :</b>	AAECI1139B
<b>Name of the Applicant(as appearing in PAN) :</b>	INFOBELL IT SOLUTIONS PRIVATE LIMITED		
<b>Constitution Of applicant :</b>	Registered Private Limited Company		
<b>Government Department Type :</b>			
<b>Name of Trustee/Proprietor/HUF :</b>			
<b>Category of Registrant :</b>	Service Provider		
<b>Nature of registration :</b>	Registration of a single premise		
<b>Taxable services provided :</b>	Information technology software service		

### ADDRESS OF PREMISES FOR WHICH REGISTRATION IS SOUGHT

<b>Name Of Premises/Building :</b>	NO 17	<b>Flat / Door / Block No :</b>	03
<b>Road / Street / Lane :</b>	2ND CROSS	<b>Village / Area / Lane :</b>	PAMPA EXTENSION
<b>Block / Taluk / Sub-Division / Town :</b>	KEMPAPURA	<b>Post Office :</b>	HEBBAL
<b>City / District :</b>	BANGALORE	<b>State / Union Territory :</b>	KARNATAKA
<b>PIN :</b>	560024	<b>Phone Number :</b>	9962788029
<b>Mobile Number :</b>	9962788029	<b>Fax Number-1 :</b>	
<b>Fax Number 2 :</b>		<b>Email Address :</b>	spitla@gmail.com
<b>Commissionerate :</b>	BANGALORE-IV	<b>Division :</b>	YELAHANKA SERVICE TAX DIVISION
<b>Range :</b>	YELAHANKA SERVICE TAX RANGE		

### NAME, DESIGNATION AND ADDRESS OF AUTHORIZED SIGNATORIES

<b>Name :</b>	Sreenivasulu P	<b>Designation :</b>	Director
<b>Address :</b>	Flat# A-1505, RMZ Galleria Residences, Off NH-9, Opp. Yelahanka Police Station, Ambedkar Nagar, Yelahanka, Bangalore - 560064		
<b>Phone Number :</b>	9962788029	<b>Email Address :</b>	spitla@gmail.com

### Declaration

I, Sreenivasulu P, hereby declare that the information given in this application form is true, correct and complete in every respect and that I am authorised to sign on behalf of the Registrant.

(a) For new Registration : I would like to receive the Registration Certificate by mail/by hand/E-MAIL

(b) For amendments to information pertaining to existing Registrant : Date from which amendments are made:

Date : 13/05/2016