

FORM NO. INC-35

AGILE

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

Application for Goods and services tax
Identification number , employees state
Insurance corporation registration plus
Employees provident fund organisation
registration)

(This AGILE form is part of SPICe eform for GST/ EPFO / ESIC)

1. * Do you want to apply for additional services like GSTIN / EPFO / ESIC? ☐ Yes ☐ No

2. * Select the service you want to apply for: ☐ GSTIN ☐ EPFO ☐ ESIC

3. * State (Same as entered in SPICe)

4. * District (Same as entered in SPICe)

5. * State Jurisdiction

* Sector / Circle / Ward /Charge / Unit

6. * Center Jurisdiction

Commissionerate

Division

Range

7. * Reason to Obtain Registration

8. *Whether The Establishment On Lease ☐ Yes ☐ No

* Leased From Date

Date

8. (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

* Leased From Date

To Date

9. * 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

10. * 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"/>

<input type="checkbox"/> Import	<input type="checkbox"/> Others (specify), If others, please specify _____	
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10 (A). * Primary Business Activity

*If Others selected, please specify

10 (B) * Exact nature of work / business

* Work Sub-category

* Nature of work business

11. *Details of the Goods supplied by the Business

HSN Code (Four digit)

Description of Goods Print

12. *Details of Services supplied by the Business.

Service Accounting Code Print

Description of Services

13. Directors / 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

* ☐ Directors Identification Number (DIN) ☐ Permanent Account Number (PAN)

Print
Photograph

*DIN

*PAN

*First Name

Middle Name

*Last Name

Attach
Photograph

Remove
Photograph

*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

Attach
Photograph

Photograph

*PAN / Passport Number

*First Name

Middle Name

*Last Name

Attach
Photograph

Remove
Photograph

*Personal Mobile Number

*Personal Email ID

14. * Police Station

15. * **Employer's Particulars**

* Select Appropriate Branch Office

* Select Inspection Office

Attachments

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

Attach

Attach

(Either of the following document can be attached.

Letter of Authorisation

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

3. * Specimen Signature

Attach

Remove attachment

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.

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

Place

Date

Designation

***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 form shall provide his Permanent Account Number)

Modify

Check Form

Prescrutiny

Submit