

# FORM NO. INC-35

## AGILE-PRO

[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 organization  
registration, Profession tax Registration  
and Opening of bank account)

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

\*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

Voluntary

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

\* 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/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)

Description of Goods

Pre-fill

11. \*Details of Services supplied by the Business.

Service Accounting Code

Description of Services

Pre-fill

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

\*PAN

\*First Name

Middle Name

\*Last Name

Pre-fill

Photograph

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

\*PAN / Passport Number

\*First Name

Middle Name

\*Last Name

\*Personal Mobile Number

\*Personal Email ID

Pre-fill

Photograph

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

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

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. \*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

Attach

Attach

Attach

## List of Attachments

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.

## 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)*

Verify

Check Form

Prescrutiny

Submit