

¹ FORM GST ENR-01*[See rule 58(1)]***Application for Enrolment under section 35 (2)***[only for un-registered persons]*

1.	Name of the State		
2.	(a) Legal name		
	(b) Trade Name, if any		
	(c) PAN		
	(d) Aadhaar (applicable in case of proprietorship concerns only)		
3.	Type of enrolment		
(i) Warehouse or Depot		(ii) Godown	
(iii) Transport services		(iv) Cold Storage	
4.	Constitution of Business (Please Select the Appropriate)		
(i) Proprietorship or HUF		(ii) Partnership	
(iii) Company		(iv) Others	
5.	Particulars of Principal Place of Business		
(a)	<i>Address</i>		
Building No. or Flat No.		Floor No.	
Name of the Premises or Building		Road or Street	
City or Town or Locality or Village		Taluka or Block	
District			
State		PIN Code	
Latitude		Longitude	
(b)	<i>Contact Information (the email address and mobile number will be used for authentication)</i>		
Email Address		Telephone	STD

1. Substituted by the Central Goods and Services Tax (Sixth Amendment) Rules, 2017, w.r.e.f. **1-7-2017**.

Mobile Number		Fax	STD		
(c)	Nature of premises				
Own	Leased	Rented	Consent	Shared	Others (specify)
6.	Details of additional place of business – Add for additional place(s) of business, if any(Fill up the same information as in item 5 [(a), (b), and (c)])				
7.	Consent				
<p><i>I on behalf of the holder of Aadhaar number <pre-filled based on Aadhaar number provided in the form> give consent to “Goods and Services Tax Network” to obtain my details from UIDAI for the purpose of authentication. “Goods and Services Tax Network” has informed me that identity information would only be used for validating identity of the Aadhaar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.</i></p>					
8. List of documents uploaded (Identity and address proof)					
9. Verification 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:			Signature Name of Authorised Signatory		
For Office Use:					
Enrolment no			Date-		