



(i) Name  

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(ii) Address  

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(iii) Phone Number  

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4. Category of Registrant (Please tick appropriate box)

(a) Person liable to pay service tax

(i) Service provider

(ii) Service recipient

(b) Other person/class of persons

(i) Input service distributor

(ii) Any provider of taxable service whose aggregate value of taxable service in a financial year exceeds three lakh rupees

5. (a) Nature of Registration (Tick as applicable)

(i) Registration of a single premise

(ii) Centralized Registration for more than one premises

(b) Address of Premises for which Registration is sought

(i) Name of Premises / Building  

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(ii) Flat/Door/Block No.  

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(iii) Road/Street/Lane  

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(iv) Village / Area / Lane  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(v) Block/Taluk/Sub-Division/Town  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(vi) Post Office



## DECLARATION

I, \_\_\_\_\_ hereby declare that the information given in this application form is true, correct and complete in every respect and that I am authorized 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: \_\_\_\_\_

(Original existing Registration Certificate is required to be enclosed)

[Self certified photocopy of Registration Certificate by mail / by hand/ e-mail]

(Signature of the applicant/authorized  
person with stamp)

Date:

Place:

## ACKNOWLEDGEMENT

(To be given in the event Registration Certificate is not issued  
at the time of receipt of application for Registration)

I hereby acknowledge the receipt of your Application Form

(a) For new Registration

(As desired, the New Registration Certificate will be sent by E-MAIL/ mail/handed over to you  
in person on \_\_\_\_\_)

(b) For amendments to information in existing Registration

(I hereby acknowledge receipt of original existing Registration Certificate)

Signature of the Officer of Central Excise  
(with Name & Official Seal)

Date:

\_\_\_\_\_