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 Na	ame, if any							
	(c) PAN								
	(d) Aadhaar (applicable in case of proprietorship concerns only)								
3.		*							
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) P1	(i) Proprietorship or HUF				(ii) Partnership				
(iii) Company					(iv) Others				
5.	Particulars of Principal Place of Business								
(a) Address									
Building No. or Flat No.					Floor No.				
Name of the					Road or Street				
Premises or Building City or Town or Locality or					Taluka or Block				
Village					Taluka OF D	IOCK			
Distr									
State				PIN Code					
Latitude				Longitude					
	~ ~ ~ ~								
<i>(b)</i>	Contact Info	ormation (the	email addres	s and n	nobile numbe	er will l	be used fo	or authentication	ı)
Email Address				Telephone	STD				
Mobile Number					Fax	STD			
(c) Nature of premises									
C)wn	Leased	Rented	l	Consent	Sł	nared	Others (spe	cify)
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

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.

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-