

**Form No. INC-35**

**AGILE-PRO-S**



Form language

English

Hindi

(Application for Goods and services tax Identification number , employees state Insurance corporation registration plus Employees provident fund organisation registration, Profession tax Registration, Opening of bank account and Shops and Establishment Registration)

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

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*

This AGILE PRO S form is part of Spice+ form for GSTIN/ EPFO/ESIC/Profession Tax/Bank Account/Shop and Establishment Registration

\*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 Centre Jurisdiction

Commissionerate

Division

Range

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6 Reason to Obtain Registration

7 \*Whether the Establishment on Lease

Yes

No

Leased from Date

Leased to Date

7a Nature of possession of premises

*(Own/Leased /Rented /Consent /Shared/Others)*

If selected others,

b Proof of Principal place of Business

*(Property Tax Receipt (TAXR)/Municipal Khata copy (CMUK),  
Electricity Bill (ELCB)/ Rent/ Lease Agreement (RLAT),  
Consent Letter (CNLR)/Rent receipt with NOC (In case of no/expired agreement) (RNOC),  
Legal ownership document (LOWN)*

Proof of Principal place of business

Choose file

Remove

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c \*Whether the building/premises of Establishment, is owned or hired

*(Hired / Rented/Owned /Leased)*

If hired or there is a change in the name of unit/ ownership, please indicate

Yes

No

Leased from Date

Leased to Date

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8 Option for Composition

Yes

No

8a 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,
- Wholesale Business,
- Retail Business,
- Warehouse / Depot,
- Bonded Warehouse,
- Supplier of services,
- Office / Sale Office,
- Leasing Business
- Recipient of goods or services,
- EOU / STP / EHTP,
- Works Contract,
- Export,
- Import,
- Others (Please specify)

9a \*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 (4 Digit)

Description of Goods

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

Service Accounting Code (6 digit)

Description of Services

12 Director / Primary Owners / Office Bearer Details

*(Minimum number of directors / Primary Owners / Office Bearers 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

12a Enter Director details who is also an Authorised Signatory / Primary Owner / Office Bearer

(Search and select the name of the director)

DIN

\*PAN

\*First Name

Middle Name

\*Last Name

\*Personal Mobile Number

 

\*Personal Email ID

Send OTP

Enter OTP for Mobile Number

Enter OTP for Email Id

Verify OTP

Do you wish to perform Aadhaar authentication for GSTN registration

Yes

No

\*Photograph

Max 100 KB

Choose File

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Proof of appointment of Authorised Signatory for GSTN

Max 100 KB

Choose File

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(Either of the following document can be attached Letter of Authorisation/Copy of Resolution passed by BoD/Managing Committee and Acceptance letter)

\*Specimen Signature of Authorised Signatory for EPFO

Max 2 MB

Choose File

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**b Director Details other than Authorised Signatory/Primary Owner / Officer Bearer**

(Search and select the name of the director)

DIN

\*PAN / Passport Number

\*First Name

Middle Name

\*Last Name

\*Personal Mobile Number

+91

\*Personal Email ID

\*Photograph

Max 100 KB

13 \*Police Station

14 Employer's Particulars

\*Select Appropriate Branch Office

▼

\*Select Inspection Division

▼

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### 15 Bank Particulars

\*Select Bank Name

▼

\*Proof of Identity of Authorised Signatory for opening Bank Account

Max 2 MB

\*Proof of Address of Authorised Signatory for opening Bank Account

Max 2 MB

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### 16 Details for Shops and Establishment Registration

Whether registration is required under Shops and Establishment Act

Yes  No

a Category of Establishment

▼

b Nature of Business

▼

c Ward

▼

d SAC Ward

▼

e Section

▼

f Property Account Number

g Flat Number

h Building UID

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**Declaration**

**GST Declaration (By Authorised 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 my 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 Authorised 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 authorise ..... 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.

**Shops and Establishment (Delhi) 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.

**Shops and Establishment (Mumbai) Declaration (By Primary Owner)**

I / We, hereby solemnly affirm and state that the business which I / We have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I / We are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I / We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and / or any other law applicable thereto.

I / We have obtained necessary licenses, permissions. Permits for the conduct of this business and the place of business from the appropriate authority.

I / We shall be responsible and liable for legal action if the business is conducted without proper license, permission. Permit from the appropriate Authority.

I / We submit and declare that I / We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any Law or order of any Competent Authority.

I / We declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false / forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and / or any other law applicable thereto.

I / We undertake to abide by the provision of the Maharashtra Shops & establishment (Regulation of Employment and Condition of Service), Act, 2017 (Mah. LXI of 2017) and the Rules and Orders passed there under by any Authority.

\*Place

\*Date

\*Designation

DSC Box

**\*To be digitally signed by director**

\*DIN/PAN

*(Authorised Signatory / Primary Owner / Office Bearer signing the SPICe+ -AGILE-PRO-S form shall provide his Permanent Account Number)*

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Save

Auto Check

Submit