

**“FORM NO. INC-35****AGILE-PRO-S**

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

(**A**pplication for **G**oods and services tax Identification number , employees state **I**nsurance corporation registration **pLus** **E**mployees provident fund organization registration, **P**rofession tax **R**egistration, **O**pening of bank account and **S**hops and Establishment Registration)

(This AGILE-PRO form is part of SPICe+ form for GSTIN / EPFO / ESIC/ Profession Tax/ Bank Account/Shops 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. \* Center Jurisdiction

Commissionerate

Division

Range

Voluntary

6. \* Reason to Obtain Registration

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

Prefill

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

Service Accounting Code

Pre-fill

Description of Services

**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

(A) \*Enter Director details who is also an Authorised Signatory / Primary Owner / Office Bearer

\* ☐ Directors Identification Number (DIN) ☐ Permanent Account Number (PAN)

\*DIN

Pre-fill

Photograph

\*PAN

\*First Name

Middle Name

\*Last Name

Attach  
PhotographRemove  
Photograph

|                              |                                  |                      |            |
|------------------------------|----------------------------------|----------------------|------------|
| *Personal Mobile Number      | <input type="text" value="+91"/> | <input type="text"/> | Send OTP   |
| *Personal Email Id           | <input type="text"/>             |                      |            |
| *Enter OTP for Mobile Number | <input type="text"/>             |                      | Verify OTP |
| *Enter OTP for Email Id      | <input type="text"/>             |                      |            |

Do you wish to perform Aadhaar authentication for GSTN registration ☐ Yes ☐ No

(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                    | <input type="text"/> | Pre-fill          | Photograph        |
| *PAN / Passport Number  | <input type="text"/> |                   |                   |
| *First Name             | <input type="text"/> |                   |                   |
| Middle Name             | <input type="text"/> |                   |                   |
| *Last Name              | <input type="text"/> | Attach Photograph | Remove Photograph |
| *Personal Mobile Number | <input type="text"/> |                   |                   |
| *Personal Email ID      | <input type="text"/> |                   |                   |

13. \* Police Station

14. \* Employer's Particulars

\* Select Appropriate Branch Office

\* Select Inspection Office

15. \*Bank Particulars

\* Select Bank Name

16. Details for Shops and Establishment Registration

Whether registration is required under Shops and Establishment Act ☐ Yes ☐ No

1. Category of Establishment

2. Nature of Business

**Attachments**

1. \*Proof of Principal place of business

Attach

2. \*Proof of appointment of Authorized Signatory for GSTN

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

Attach

Bank Account

4. \*Proof of Address of Authorized Signatory for opening

Attach

Bank Account

5. \*Specimen Signature of Authorized Signatory for EPFO

Attach

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 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 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.

**\*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

Place

Date

Designation

**\*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)*

Modify

Check Form

Prescrutiny

Submit

”

[F. No. 1/13/2013 CL-V, Vol.IV]

K.V.R. MURTY, Jt. Secy.

**Note :** The principal rules were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), *vide* number G.S.R. 250(E), dated the 31<sup>st</sup> March, 2014 and last amended *vide* number G.S.R.158 (E), dated the 5<sup>th</sup> March, 2021.