

VERIFICATION REPORT

- [1] NAME & ADDRESS OF DIRECTORS:
- [2] NAME & ADDRESS OF AUTHORISED SIGNATORY
- [3] ADDRESS & TELEPHONE Nos. OF THE PREMISES/OFFICE WHERE CENTRALISED ACCOUNTING / BILLING IS BEING CARRIED OUT.
- [4] PROOF OF ADDRESS OF THE PREMISES/OFFICE SOUGHT TO BE CENTRALLY REGISTERED:
- [5] PAN/TAN No. OF THE ASSESSEE
- [6] WHETHER THE APPLICATION IS ON THE BASIS OF CENTRALISED BILLING OR CENTRALISED ACCOUNTING SYSTEM?:
- [7] LIST OF TAXABLE SERVICE/SERVICES TO BE RENDERED
- [8] LIST OF BRANCHES, OFFICE OR PREMISES OF THE ASSESSEE ALONG WITH THE POSTAL ADDRESS, E-MAIL ADDRESS, TELEPHONE Nos:
- [9] WHETHER RECOVERIES ARE AFFECTED THROUGH CREDIT/DEBIT NOTES?:
- [10] PREVIOUS YEARS' AUDITED BALANCE SHEET, IF ANY:
- [11] SPECIFY THE REASONS FOR SEEKING CENTRALISED REGISTRATION INSTEAD OF SEEKING REGISTRATION WITH JURSDICTIONAL COMMISSONER/CHIEF COMMISSIONER
- [12] CONSTITUTION OF APPLICANT AT THE TIME OF FILING OF THE APPLICATION:
- [13] POWER OF ATTORNEY IN RESPECT OF AUTHORIZED PERSON (s) IF ANY
- [14] ST-1 FORM IN THE REVISED FORMAT IS ENCLOSED FOR READY REFERENCE AND RECORDS.