

(c) In case of application for Centralized Registration, furnish address of all the premises from where taxable services are provided or intended to be provided (FORMAT AS PER 5(b) ABOVE)

(d) In case of application for Input Service Distributor, furnish address of all the premises to which credit of input services is distributed or intended to be distributed (FORMAT AS PER 5(b) ABOVE)

6. Address of the premises or office paying service tax under centralised billing or centralised accounting under sub-rule (2) and (3A) of rule 4 of the Service Tax Rules, 1994.

Address

7. Description of taxable services provided or to be provided by applicant

S.No.	Description of service	Relevant clause of section 65 of the Finance Act, 1994, to be indicated, if possible
(1)	(2)	(3)

8. Name, Designation and Address of the Authorized Signatory /Signatories:

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)

(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: