सत्यमेव जयते

INC-35
AGILE-PRO-S

Form language

(•) English ( ) Hindi

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

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*Name of the Company: SHOPOLINE MARKETTING PRIVATE LIMITED

1 *Do you want to apply for GSTIN: ( ) Yes (•) No

2 *State (Same as entered in SPICe+): Uttar Pradesh

3 *District (Same as entered in SPICe+): Gautam Buddha Nagar

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4 State Jurisdiction

Sector / Circle / Ward /Charge / Unit

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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: 16/02/2023

Leased to Date: 16/02/2024

7a Nature of possession of premises
(Own/Leased /Rented /Consent /SharedOthers)

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: MAX 2MB

c *Whether the building/premises of establishment, is owned or hired
(Hired / Rented/Owned /Leased): Leased

If hired or there is a change in the name of unit/ ownership, please indicate: (•) Yes ( ) No

Leased from Date: 16/02/2023

Leased to Date: 16/02/2024

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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: OTHERS

If Others selected, please specify: RETAIL AND WHOLESALE OF FMCG

b*Exact nature of work / business	Miscellaneous
*Work Sub-Category	Others
*Nature of Work Business	carry on the business of buying, sel

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**	3

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

(Search and select the name of the director)

DIN	
*PAN	CYRPK7823G
*First Name	.
Middle Name	
*Last Name	KUSHALPAL
*Personal Mobile Number	09720299291
*Personal Email ID	KUSHALJADOON81@GMAIL.COM

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

*Photograph	photo.jpeg
Proof of appointment of Authorized Signatory for GSTN	MAX 2MB

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

*Specimen Signature of Authorized Signatory for EPFO	sign.pdf

b Director Details other than Authorized Signatory/Primary Owner / Officer Bearer

(Search and select the name of the director)

DIN	
*PAN / Passport Number	CZDPS3219P
*First Name	RAKESH
Middle Name	
*Last Name	SHARMA
*Personal Mobile Number	07830526547
*Personal Email ID	rakesh7830sharma@gmail.com
*Photograph	photo.jpeg

b Director Details other than Authorized Signatory/Primary Owner / Officer Bearer

(Search and select the name of the director)

DIN	
*PAN / Passport Number	HJJPS8675A
*First Name	DHARMPAL
Middle Name	
*Last Name	SINGH
*Personal Mobile Number	08954355858
*Personal Email ID	thakurgoluyhakur@gmail.com
*Photograph	photo.jpeg

13*Police Station	JAHANGIRPUR
14 Employer's Particulars	
*Select Appropraite Branch Office	BO - Sikandrabad
*Select Inspection Division	ID-Sikandrabad

15 Bank Particulars

Select Bank Name	HDFC Bank
*Proof of Identity of Authorized Signatory for opening Bank Account	KUSHALPAL.pdf
*Proof of Address of Authorized Signatory for opening Bank Account	K1.pdf

16 Details for Shops and Establishment Registration

Whether registration is required under shops and establishment ◯ Yes ◯ No

a Category of Establishment

b Nature of Business

Declaration

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 Corporations as soon as such change takes place.

Professional Tax Declaration

☐ The above information is true to the best of 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 HDFC Bank 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

JAHANGIRPUR

*Date

21/02/2023

*Designation

Director

KUSH ALPAL Digitally signed by KUSHALPAL Date: 2023.02.21 11:41:24 +05'30'

***To be digitally signed by director**

*DIN/PAN

CYRPK7823G

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