

(v) Registered Trust

(vi) Society/Cooperative society

(vii) Others

(b) Name, Address and Phone Number of Proprietor/Partner/Director

(i) Name

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(ii) Address

(iii) Phone Number

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4. Category of Registrant (*Please tick appropriate box*)

(a) Person liable to pay service tax

(i) Service provider

(ii) Service recipient

(b) Other person/class of persons

(i) Input service distributor

(ii) Any provider of taxable service whose aggregate value of taxable service in a financial year exceeds three lakh rupees

5. (a) Nature of Registration (*Tick as applicable*)

(i) Registration of a single premise

(ii) Centralized Registration for more than one premises

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: