|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **FORM ST-2** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ***[Certificate of registration under Section 69 of The Finance Act, 1994 (32 of 1994)]*** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Shri/Ms. ………………………………………………. (name with complete address of premises ) having undertaken to comply with the conditions prescribed in Chapter V of the Finance Act, 1994 read with the Service Tax Rules, 1994, and any orders issued thereunder is hereby certified to have been registered with the Central Excise Department. The Service Tax Code and other details are mentioned hereunder.** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1. PAN No.** |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2. Service Tax Code** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **(Registration Number)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3. Taxable Services** |  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4. Address of business premises:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(i) Name of Premises / Building** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(ii) Flat/Door/Block No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(iii) Road/Street/Lane** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(iv) Village / Area / Lane** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(v) Block/Taluk/Sub-Division/Town** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(vi) Post office** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(vii)City/District** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(viii)State/Union Territory** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(ix PIN** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(X) Telephone Nos:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(x) E-mail Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5. PREMISES CODE** |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **[*SL.NOS.2,3,4 TO BE REPEATED FOR EVERY PREMISES BEING GRANTED A REGISTRATION*** |
| ***UNDER THIS CERTIFICATE. PREMISES CODE IS GIVEN BY THE DEPARTMENT BASED ON THE*** |
| ***COMMISSIONERATE+DIVISION+ RANGE+ SL NO*]** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Note:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1. In case the registrant starts providing any other taxable service (other than those** |  |  |
| **mentioned above), he shall intimate the department.** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2. In case the registrant starts billing from other premises (other than those mentioned above),** |
| **he shall intimate the department.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3. These intimations and any other information which registrant wishes to bring to the notice** |
| **of the department can be submitted on-line by the registrant after logging on to web-site.** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4. This registration certificate is not transferable.** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5. List of Accounting Codes is enclosed. These may invariably be furnished in the challan at** |
| **the time of making payment of service tax.** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Place: …………….** |  |  | **Name and signature of the Central Excise** |  |  |  |  |  |
| **Date: …………….** |  |  |  | **Officer with official seal** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CC: (by e-mail) To-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(1) The Pay and Accounts Officer (Commissionerate Name)** |  |  |  |  |  |  |  |  |
| **(2) The Superintendent of Central Excise (Where premises are located).** |  |  |  |  |  |