

Form GST ARA -01

[See Rule 104(1)]

Application Form for Advance Ruling

GSTIN Number, if any/ User-id			
Legal Name of Applicant			
Trade Name of Applicant (Optional)			
Status of the Applicant [registered / un-registered]			
Registered Address / Address provided while obtaining user id			
Correspondence address, if different from above			
Mobile No. [with STD/ISD code]			
Telephone No. [with STD/ISD code]			
Email address			
Jurisdictional Authority	<<name, designation, address>>		
i. Name of Authorised representative	Optional		
ii. Mobile No.		iii. Email Address	
Nature of activity(s) (proposed / present) in respect of which advance ruling sought			
A. Category			
▲			
Factory / Manufacturing	Wholesale Business	Retail Business	
Warehouse/Deport	Bonded Warehouse	Service Provision	
Office/Sale Office	Leasing Business	Service Recipient	
EOU/ STP/ EHTP	SEZ	Input Service Distributor (ISD)	
Works Contract			
B. Description (in brief)	(Provision for file attachment also)		
Issue/s on which advance ruling required (Tick whichever is applicable) :-			
(i) classification of goods and/or services or both	<input type="checkbox"/>		
(ii) applicability of a notification issued under the provisions of the Act	<input type="checkbox"/>		

(iii) determination of time and value of supply of goods or services or both	<input type="checkbox"/>
(iv) admissibility of input tax credit of tax paid or deemed to have been paid	<input type="checkbox"/>
(v) determination of the liability to pay tax on any goods or services or both	<input type="checkbox"/>
(vi) whether applicant is required to be registered under the Act	<input type="checkbox"/>
(vii) whether any particular thing done by the applicant with respect to any goods and/or services or both amounts to or results in a supply of goods and/or services or both, within the meaning of that term	<input type="checkbox"/>
Question(s) on which advance ruling is required	
Statement of relevant facts having a bearing on the question(s) raised.	
Statement containing the applicant's interpretation of law and/or facts, as the case may be, in respect of the aforesaid question(s) (i.e. applicant's view point and submissions on issues on which the advance ruling is sought).	
I hereby declare that the question raised in the application is not (tick) - <input checked="" type="checkbox"/>	
a. Already pending in any proceedings in the applicant's case under any of the provisions of the Act b. Already decided in any proceedings in the applicant's case under any of the provisions of the Act	
Payment details	Challan Identification Number (CIN) – Date -

VERIFICATION

I, _____ (name in full and in block letters), son/daughter/wife of _____ do hereby solemnly declare that to the best of my knowledge and belief what is stated above and in the annexure(s), including the documents is correct. I am making this application in my capacity as _____ (designation) and that I am competent to make this application and verify it.

Signature

Place _____

Name of Applicant/Authorised Signatory

Date _____

Designation/Status