FORM GST ARA -01

[See Rule 104(1)]

Application Form for Advance Ruling

1.	GSTIN Number, if any/ User-id		
2.	Legal Name of Applicant		
3.	Trade Name of Applicant (Optional)		
4.	Status of the Applicant [registered / un-registered]		
5.	Registered Address / Address provided while obtaining user id		
6.	Correspondence address, if different from above		
7.	Mobile No. [with STD/ISD code]		
8.	Telephone No. [with STD/ISD code]		
9.	Email address		
10	Jurisdictional Authority	< <name, address="" designation,="">></name,>	
11	representative		Optional
	ii. Mobile No.	iii. Email Address	
12			
	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)	
13 Issue/s on which advance ruling required (Tick whichever is applicab)		plicable) :-	
	(i) classification of goods and/or services or both		
	(ii) applicability of a notification issued under the provisions of the Act		

	(iii) determination of time and value of supply of goods or services or both			
	(iv) admissibility of input tax credit of tax paid or deemed to have been paid			
	(v) determination of the liability to pay tax on any goods or services or both			
	(vi) whether applicant is required to be registered under the Act			
	(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			
14	Question(s) on which advance ruling is required			
15	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).			
17	I hereby declare that the question raised in the application is not (tick) -			
		eedings in the applicant's case under any of the provisions of the Act eedings in the applicant's case under any of the provisions of the Act		
18	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