

INC-35

AGILE-PRO-S

(Application for Goods and services tax Identification number , employees state Insurance corporation registration pLus Employees provident fund organisation registration, Profession tax Registration, Opening of bank account and Shops 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



Form language

☒ English ☐ Hindi

*Name of the Company

24X7 VIRTUAL SPACES LIMITED

1 *Do you want to apply for GSTIN

☐ Yes ☒ No

2 *State (Same as entered in SPICe+)

Madhya Pradesh

3 *District (Same as entered in SPICe+)

Indore

4 State Jurisdiction

Sector / Circle / Ward / Charge / Unit

5 Centre Jurisdiction

Commissionerate

Division

Range

6 Reason to Obtain Registration

7 *Whether the Establishment on Lease

☐ Yes ☒ No

Leased from Date

Leased to Date

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

c *Whether the building/premises of establishment, is owned or hired

(Hired / Rented/Owned /Leased)

If hired or there is a change in the name of unit/ ownership, please indicate

☐ Yes ☐ No

Leased from Date

Leased to Date

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

If Others selected, please specify

To establish and operate a professional virtual office and business support platform that empowers entrepreneurs, startups, MSMEs, freelancers, companies, and business firms across India by providing affordable, flexible, and technology-enabled office solutions. The organization aims to support emerging and existing businesses through providing space including virtual space to various entities to register business addresses, communication support, workspace coordination, administrative assistanc

b *Exact nature of work / business

Miscellaneous

*Work Sub-Category

Others

*Nature of Work Business

To establish and operate a professional virtual office and business support platform that empowers entrepreneurs, startups, MSMEs, freelancers, companies, and business firms across India by providing affordable, flexible, and technology-enabled office solutions. The organization aims to support emerging and existing businesses through providing space including virtual space to various entities to register business addresses, communication support, workspace coordination, administrative assistanc

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

2

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

(Search and select the name of the director)

DIN

*****55

*PAN

FT*****4G

*First Name

JITENDRA

Middle Name

*Last Name

MALVIYA

*Personal Mobile Number

+91*****22

Do you wish to perform Aadhaar authentication for GSTN registration

☐ Yes

☐ No

*Photograph

jitu.jpg

Proof of appointment of Authorized Signatory for GSTN

MAX 2MB

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

*Specimen Signature of Authorized Signatory for EPFO

jitu sign.pdf

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

(Search and select the name of the director)

DIN

*****73

*PAN / Passport Number

BN*****9M

*First Name

ANAND

Middle Name

*Last Name

SHRIVASTAVA

*Personal Mobile Number

08*****11

*Personal Email ID

*****@****IL.COM

*Photograph

anand saransh photo.jpeg

13*Police Station

SUKHLIYA police station

14 Employer's Particulars

*Select Appropriate Branch Office

BO - Industrial Estate

*Select Inspection Division

IO - Indore

15 Bank Particulars

Select Bank Name

Axis Bank

*Proof of Identity of Authorized Signatory for opening Bank Account

JITENDRA AADHAR.pdf

*Proof of Address of Authorized Signatory for opening Bank Account

BANK STATEMENT JITENDRA.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

c Ward

d SAC Ward

e Section

f Property Account Number

g Flat Number

h Building UID

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 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.

Shops and Establishment (Mumbai) Declaration (By Primary Owner)

☐ I / We, hereby solemnly affirm and state that the business which I / We have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I / We are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I / We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and / or any other law applicable thereto.

I / We have obtained necessary licenses, permissions. Permits for the conduct of this business and the place of business from the appropriate authority.

I / We shall be responsible and liable for legal action if the business is conducted without proper license, permission. Permit from the appropriate Authority.

I / We submit and declare that I / We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any Law or order of any Competent Authority.

I / We declare that the copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are found false / forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and / or any other law applicable thereto.

I / We undertake to abide by the provision of the Maharashtra Shops & establishment (Regulation of Employment and Condition of Service), Act, 2017 (Mah. LXI of 2017) and the Rules and Orders passed there under by any Authority.

*Place

Indore

*Date

20/07/2026

*Designation

Director

***To be digitally signed by director**

*DIN/PAN

*****55

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