



CENTRAL BOARD OF EXCISE AND CUSTOMS

Ministry of Finance - Department of Revenue



AMEND FORM ST-1

[Application form for registration under Section 69 of The Finance Act, 1994(32 of 1994)]

IDENTIFICATION OF BUSINESS REQUIRING REGISTRATION

Name of Applicant :	RED CARPETS EVENTS		
Address of the Applicant :	ALRA 77,,MARADU,EROOR,ERNAKULAM,KERALA,682306		
Details of Permanent Account Number(PAN) of the applicant			
PAN Status :	Allotted	PAN :	AALFR1515Q
Name of the Applicant(as appearing in PAN) :	RED CARPET EVENTS		
Constitution Of applicant :	Partnership		
Government Department Type :			
Name of Trustee/Proprietor/HUF :			
Category of Registrant :	Service Provider		
Nature of registration :	Registration of a single premise		
Taxable services provided :	Event management		

ADDRESS OF PREMISES FOR WHICH REGISTRATION IS SOUGHT

Name Of Premises/Building :	V MANOJ	Flat / Door / Block No :	ALRA 77
Road / Street / Lane :	-	Village / Area / Lane :	MARADU
Block / Taluk / Sub-Division / Town :	KANAYANNUR	Post Office :	EROOR
City / District :	ERNAKULAM	State / Union Territory :	KERALA
PIN :	682306	Phone Number-1 :	2783984
Phone Number-2 :		Fax Number-1 :	
Fax Number 2 :		Email Address :	info@redcarpetevents.in
Commissionerate :	COCHIN	Division :	MUVATTUPUZHA DIVISION
Range :	SERVICE TAX RANGE TRIPUNITHURA		

NAME, ADDRESS AND PHONE NUMBER OF PROPRIETOR / PARTNER / DIRECTOR / TRUSTEES ALONG WITH DETAILS OF AUTHORIZED SIGNATORIES

Name :	V MANOJ	Designation :	Partner
Address :	HARITHAM, KUREEKAD PO, THIRUVAMKULAM, ERNAKULAM (Dist), PIN - 682305		
Phone Number :	9895332367	Email Address :	info@redcarpetevents.in
Name :	R HAREESH	Designation :	Partner
Address :	VEPPILAZHIKAM, PATTATHANAM PO, KOLLAM (Dist), PIN - 691021		
Phone Number :	2783984	Email Address :	info@redcarpetevents.in

NAME, DESIGNATION AND ADDRESS OF AUTHORIZED SIGNATORIES

Name :	V MANOJ	Designation :	Partner
Address :	Hariatham, Kureekkad.P.O, Thiruvankulam		
Phone Number :	9895332367	Email Address :	info@redcarpetevents.in

Declaration

I, V MANOJ, hereby declare that the information given in this application form is true, correct and complete in every respect and that I am authorised to sign on behalf of the Registrant.

(a) For new Registration : I would like to receive the Registration Certificate by mail/by hand/E-MAIL

(b) For amendments to information pertaining to existing Registrant :Date from which amendments are made:

Date : 10/03/2015