



CENTRAL BOARD OF EXCISE AND CUSTOMS

Ministry of Finance - Department of Revenue



FORM ST-2

Shri/Ms. GATEWAY MALABAR HOLIDAYS PRIVATE LIMITED, N.H. BUILDING, N.H.17 BY-PASS, RAMANATTUKARA, CALICUT, KERALA 673633 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.

Name :	GATEWAY MALABAR HOLIDAYS PRIVATE LIMITED
Address :	N.H. BUILDING, N.H.17 BYPASS, RAMANATTUKARA, CALICUT, KERALA 673633
PAN No :	AADCG7298J
Name as in PAN :	GATEWAY MALABAR HOLIDAYS PRIVATE LIMITED
Nature of registration :	Centralized Registration for more than one premises
Service Tax Code(Registration Number) :	AADCG7298JSD001
Taxable services :	Tour operator services

ADDRESS OF BUSINESS PREMISES

Name Of Premises/Building :	N.H. BUILDING	Flat / Door / Block No :	RKP4/382G
Road / Street / Lane :	N.H.17 BYPASS	Village / Area / Lane :	RAMANATTUKARA
Block / Taluk / Sub-Division / Town :	RAMANATTUKARA	Post Office :	RAMANATTUKARA
City / District :	KOZHICODE	State / Union Territory :	KERALA
PIN :	673633	Phone Number :	09744330044
Mobile Number :		Fax Number-1 :	
Fax Number 2 :		Email Address :	froz1000@gmail.com
Premises Code :	460309A001		

Address of all the premises from where taxable services are provided or intended to be provided

Name Of Premises/ Building :	CJ Tower	Flat / Door / Block No :	1st Floor
Road / Street / Lane :	Vattekkattu Junction	Village / Area / Lane :	Cochin
Block / Taluk / Sub-Division / Town :	Cochin	Post Office :	Kalopr
City / District :	Ernakulam	State / Union Territory :	KERALA
PIN :	682017	Phone Number :	04953043035
Mobile Number :		Fax Number-1 :	
Fax Number-2 :		Email Address :	froz1000@gmail.com
Premises Code :	460309A002		
Taxable services :	Tour operator services		

Name Of Premises/ Building :	NH Building	Flat / Door / Block No :	RKP4/382G
Road / Street / Lane :	NH-17 ByPass	Village / Area / Lane :	RAMANATTUKARA
Block / Taluk / Sub-Division / Town :	Ramanattukara	Post Office :	RAMANATTUKARA
City / District :	KOZHICODE	State / Union Territory :	KERALA
PIN :	673633	Phone Number :	04953043035
Mobile Number :		Fax Number-1 :	
Fax Number-2 :		Email Address :	froz1000@gmail.com

Address of all the premises from where taxable services are provided or intended to be provided

Premises Code :	460309A003
Taxable services :	Tour operator services

Address of the premises or office paying service tax under centralised billing or centralised accounting under sub-rule (2) and (3A) of rule 4 of the Service Tax Rules, 1994

Name Of Premises/ Building :	CJ TOWER	Flat / Door / Block No :	1ST FLOOR
Road / Street / Lane :	VATTEKKATTU JUNCTION	Village / Area / Lane :	KALLOOR
Block / Taluk / Sub- Division / Town :	ERNAKULAM	Post Office :	KALLOOR
City / District :	COCHIN	State / Union Territory :	KERALA
PIN :	682017	Phone Number :	04953043035
Mobile Number :		Fax Number-1 :	
Fax Number 2 :		Email Address :	firoz1000@gmail.com
Premises Code :	460309A004		
Taxable services :	Tour operator services		

This Certificate is issued incorporating the changes intimated by the applicant and the previous certificate of registration bearing Registration NumberAADC7298JSD001 Issued on 25/06/2010 stand cancelled.

Sl No	Types of Services	Accounting Codes		
		Tax Collection	Other Receipts (Interest)	Penalties
1	Tour operator services	00440063	00440064	00441312

CESSES

1	EDUCATION CESS	00440298	00440299	00441486
2	SECONDARY AND HIGHER EDUCATION CESS	00440426	00440427	00441487

Note :

- In case the registrant starts providing any other taxable service (other than those mentioned above), he shall intimate the department.
- In case the registrant starts billing from other premises (other than those mentioned above), he shall intimate the department.
- 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.
- This registration certificate is not transferable.
- List of Accounting Codes is Enclosed. These may invariably be furnished in the challan at the time of making payment of service tax.

Date of Issue of Original ST-2 : 25/06/2010
Date of Last Amendment of ST-2 : 01/02/2012

Name and Signature of Central Excise Officer
With Official Seal

CC (by e-mail) To -
(1) The Pay And Accounts Officer (CALICUT)
(2) The Superintendent of Central Excise (RAMANATTUKARA(460309))

FORM 18

Notice of situation or change of situation of registered office

[Pursuant to section 146 of the Companies Act, 1956]

Form Language English हिन्दी

Note - All fields marked in * are to be mandatorily filled.

1. * This form is for New company Existing company

2. (a) * Form 1A reference number (Service request number (SRN) of Form 1A) or corporate identity number (CIN) of company

(b) Global location number (GLN) of company

3. (a) Name of the company

(b) Address of the registered office of the company

(c) Name of office of existing Registrar of Companies(RoC)

(d) Purpose of the form Change within local limits of city, town or village
 Change outside local limits of city, town or village
 Change in office of RoC within same state
 Change in state within office of same RoC
 Change in state outside office of existing RoC

4. Notice is hereby given that

(a) The address of the registered office of the company with effect from

(DD/MM/YYYY) is

The date of incorporation of the company is

*Address Line I

Line II

*City

*District

*State

Country

* Pin code

* e-mail ID

(b) * Name of office of proposed RoC or new RoC

(c) The full address of the police station under whose jurisdiction the registered office of the company is situated

* Name

* Address Line I

Line II

* City

* State

* Pin code


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5.(a) SRN of Form23

B57047151

(b) SRN of relevant form

(Mention the SRN of related Form 1AD, 21; if applicable)

6.(a) Date of order of company law board (CLB) or any other competent authority

(DD/MM/YYYY)

(b) Petition number

Attachments

1. Optional attachment(s) - if any

Attach

List of attachments

RESOLUTION.pdf

Verification

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

I have been authorised by the Board of directors' resolution number 3 to sign and submit this form

dated 12/07/2012

(DD/MM/YYYY)

I am authorised to sign and submit this form.

To be digitally signed by

Managing director or director or manager or secretary of the company

* Designation Managing Director

* Director identification number of the director or Managing Director; or Income-tax permanent account number (income-tax PAN) of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

01884601

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

GATEWAY MALABAR HOLIDAYS PRIVATE LIMITED

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or Company secretary (in whole-time practice)

* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

7759

Modify

Check Form

Prescribing

Submit

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis statement of correctness given by the filing company

ANIL K. SANKARANARAYANAN
Practising Company Secretary
C.P.N. 7759

MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R.7

SRN : B57135667

Service Request Date : 08/09/2012

Payment made into : ICICI Bank

Received From :

Name : ASHIQUE SAMEER ASSOCIATES
Address : H.NO.24/2489
CHEMBAKA HOUSING COLONY
POTTAMMAL JN,MAVOOR ROAD
CALICUT,KERALA
673016

Entity on whose behalf money is paid

CIN : U63040KL2010PTC025389
Name : GATEWAY MALABAR HOLIDAYS PRIVATE LIMITED
Address : N. H. BUILDING
N. H. 17 BYPASS, RAMANATTUKARA
CALICUT,KERALA
INDIA - 673633

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form18	Normal	300.00
Total		300.00

Mode of Payment: Internet Banking - ICICI Bank

Received Payment Rupees: Three Hundred only

ADDITIONAL CHIEF SECRETARY
CORPORATE AFFAIRS
CP No. 2739