

**Form GST REG-15***[See rule 19(1)]*

Reference Number - &lt;&lt; &gt;&gt;

Date – DD/MM/YYYY

To

(Name)

(Address)

Registration Number (GSTIN/UIN)

Application Reference No. (ARN)

Dated – DD/MM/YYYY

**Order of Amendment**

This has reference to your application number----- dated ---- regarding amendment in registration particulars. Your application has been examined and the same has been found to be in order. The amended certificate of registration is available on your dashboard for download.

Signature

Name

Designation

Jurisdiction

Date

Place

**Form GST REG-16***[See rule 20]***Application for Cancellation of Registration**

|    |  |   |  |                 |  |
|----|--|---|--|-----------------|--|
| 1. | GSTIN  |   |  |                 |  |
| 2. | Legal name   |   |  |                 |  |
| 3. | Trade name, if any   |   |  |                 |  |
| 4. | Address of Principal Place of Business   |   |  |                 |  |
| 5. | Address for future correspondence<br>(including email, mobile telephone, fax ) | Building No./ Flat No.                        |  | Floor No.       |  |
|    |  | Name of Premises/<br>Building                 |  | Road/<br>Street |  |
|    |  | City/Town/<br>Village                         |  | District        |  |
|    |  | Block/Taluk<br>a                              |  |                 |  |
|    |  | Latitude                                      |  | Longitud<br>e   |  |
|    |  | State   |  | PIN<br>Code     |  |
|    |  | Mobile (with<br>country<br>code)              |  | Telepho<br>ne   |  |
|    |  | email   |  | Fax<br>Number   |  |
| 6. | Reasons for Cancellation   | <input type="radio"/> Discontinuance /Closure |  |                 |  |

|       |  |  |   |              |        |                |
|-------|--|--|---|--------------|--------|----------------|
|       | (Select one)   | of business <ul style="list-style-type: none"> <li>○ Ceased to be liable to pay tax</li> <li>○ Transfer of business on account of amalgamation, merger/ demerger, sale, lease or otherwise disposed of etc.</li> <li>○ Change in constitution of business leading to change in Permanent Account Number</li> <li>○ Death of Sole Proprietor</li> <li>○ Others (specify)</li> </ul> |   |              |        |                |
| 7.    | In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, transferred, etc. |  |   |              |        |                |
| (i)   | Goods and Services Tax Identification Number   |  |   |              |        |                |
| (ii)  | (a) Name (Legal)   |  |   |              |        |                |
|       | (b) Trade name, if any   |  |   |              |        |                |
| (iii) | Address of Principal Place of Business   | Building No./ Flat No.   |   | Floor No.    |        |                |
|       |  | Name of Premises/ Building   |   | Road/ Street |        |                |
|       |  | City/Town/ Village   |   | District     |        |                |
|       |  | Block/Taluka   |   |              |        |                |
|       |  | Latitude   |   | Longitude    |        |                |
|       |  | State  |   | PIN Code     |        |                |
|       |  | Mobile (with country code)   |   | Telephone    |        |                |
|       |  | email  |   | Fax Number   |        |                |
| 8.    | Date from which registration is to be cancelled.   |  |   | <DD/MM/YYYY> |        |                |
| 9     | Particulars of last Return Filed   |  |   |              |        |                |
| (i)   | Tax period   |  |   |              |        |                |
| (ii)  | Application Reference Number   |  |   |              |        |                |
| (iii) | Date   |  |   |              |        |                |
| 10.   | Amount of tax payable in respect of inputs/capital goods held in stock on the effective date of cancellation of registration.  |  |   |              |        |                |
|       | Description  | Value of Stock (Rs.)   | Input Tax Credit/ Tax Payable (whichever is higher) (Rs.) |              |        |                |
|       |  |  | Central Tax   | State Tax    | UT Tax | Integrated Tax |

|     |   |                 |             |           |                                  |                |      |
|-----|---|-----------------|-------------|-----------|----------------------------------|----------------|------|
|     | Inputs  |                 |             |           |                                  |                |      |
|     | Inputs contained in semi-finished goods   |                 |             |           |                                  |                |      |
|     | Inputs contained in finished goods  |                 |             |           |                                  |                |      |
|     | Capital Goods/Plant and machinery   |                 |             |           |                                  |                |      |
|     | Total   |                 |             |           |                                  |                |      |
| 11. | <u>Details of tax paid, if any</u>  |                 |             |           |                                  |                |      |
|     | Payment from Cash Ledger  |                 |             |           |                                  |                |      |
|     | Sr. No.   | Debit Entry No. | Central Tax | State Tax | UT Tax                           | Integrated Tax | Cess |
|     | 1.  |                 |             |           |                                  |                |      |
|     | 2.  |                 |             |           |                                  |                |      |
|     |   | Sub-Total       |             |           |                                  |                |      |
|     | Payment from ITC Ledger   |                 |             |           |                                  |                |      |
|     | Sr. No.   | Debit Entry No. | Central Tax | State Tax | UT Tax                           | Integrated Tax | Cess |
|     | 1.  |                 |             |           |                                  |                |      |
|     | 2.  |                 |             |           |                                  |                |      |
|     |   | Sub-Total       |             |           |                                  |                |      |
|     | Total Amount of Tax Paid  |                 |             |           |                                  |                |      |
| 12. | Documents uploaded  |                 |             |           |                                  |                |      |
| 13. | Verification  |                 |             |           |                                  |                |      |
|     | I/We <> hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. |                 |             |           |                                  |                |      |
|     | Signature of Authorised Signatory   |                 |             |           |                                  |                |      |
|     | Place   |                 |             |           | Name of the Authorised Signatory |                |      |
|     | Date  |                 |             |           | Designation/Status               |                |      |

#### Instructions for filing of Application for Cancellation

- A registered person seeking cancellation of his registration shall electronically submit an application including details of closing stock and liability thereon along with relevant documents, on common portal.
- The following persons shall digitally sign application for cancellation, as applicable:

| Constitution of Business  | Person who can digitally sign the application          |
|---------------------------|--|
| Proprietorship            | Proprietor   |
| Partnership               | Managing/Authorised Partners                           |
| Hindu Undivided Family    | Karta  |
| Private Limited Company   | Managing/Whole-time Directors/ Chief Executive Officer |
| Public Limited Company    | Managing/Whole-time Directors/ Chief Executive Officer |
| Society/ Club/ Trust/ AOP | Members of Managing Committee                          |
| Government Department     | Person In charge                                       |

| Constitution of Business              | Person who can digitally sign the application          |
|---------------------------------------|--|
| Public Sector Undertaking             | Managing/Whole-time Directors/ Chief Executive Officer |
| Unlimited Company                     | Managing/Whole-time Directors/ Chief Executive Officer |
| Limited Liability Partnership         | Designated Partners                                    |
| Local Authority                       | Chief Executive Officer or Equivalent                  |
| Statutory Body                        | Chief Executive Officer or Equivalent                  |
| Foreign Company                       | Authorised Person in India                             |
| Foreign Limited Liability Partnership | Authorised Person in India                             |
| Others                                | Person In charge                                       |

In case of death of sole proprietor, application shall be made by the legal heir/successor manually before the concerned tax authorities. The new entity in which the applicant proposes to amalgamate itself shall register with the tax authority before submission of the application for cancellation. This application shall be made only after that the new entity is registered.

Before applying for cancellation, please file **your tax return due** for the tax period in which the effective date of surrender of registration falls.

- Status of the Application may be tracked on the common portal.
- No fee is payable for filing application for cancellation.
- After submission of application for cancellation of registration, the registered person shall make payment, if not made at the time of this application, and shall furnish final return as provided in the Act.
- The registered person may also update his contact address and update his mobile number and e mail address.

**Form GST REG -17**

[See rule 22(1)]

Reference No. -

<< Date >>

To

Registration Number (GSTIN/UIN)

(Name)

(Address)

**Show Cause Notice for Cancellation of Registration**

Whereas on the basis of information which has come to my notice, it appears that your registration is liable to be cancelled for the following reasons: -

1

2

3

You are hereby directed to furnish a reply to this notice within seven working days from the date of service of this notice .

You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM

If you fail to furnish a reply within the stipulated date or fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

Place:

Date:

Signature

< Name of the Officer >

Designation

Jurisdiction