

<sup>1</sup>[FORM GST PCT-06

[See rule 83B]

**APPLICATION FOR CANCELLATION OF ENROLMENT AS GOODS AND  
SERVICES TAX PRACTITIONER**

1. GSTP Enrolment No.	
2. Name of the GST Practitioner	< Auto Populated >
3. Address	< Auto Populated >
4. Date of effect of cancellation of enrolment	

I hereby request for cancellation of enrolment as GST Practitioner for the reason(s) noted below:

- 1.
- 2.
- 3.

**DECLARATION**

The above declaration is true and correct to the best of my knowledge and belief. I undertake that I shall continue to be liable for my actions as GST Practitioner before such cancellation.

(SIGNATURE)

Place:  
Date:]

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**1** Inserted by Noti. No. 33/2019–Central Tax, dt. 18-07-2019 w.e.f. a date to be notified later.