

Application Reference No. (ARN)

Dated – DD/MM/YYYY

**Order for cancellation of provisional registration**

This has reference to your reply dated ---- in response to the notice to show cause dated -----.

- Whereas no reply to notice to show cause has been submitted; or
- Whereas on the day fixed for hearing you did not appear; or
- Whereas the undersigned has examined your reply and submissions made at the time of hearing, and is of the opinion that your provisional registration is liable to be cancelled for following reason(s).

- 1.
- 2.

**Determination of amount payable pursuant to cancellation of provisional registration:**

Accordingly, the amount payable by you and the computation and basis thereof is as follows:

You are required to pay the following amounts on or before ----- (date) failing which the amount will be recovered in accordance with the provisions of the Act and rules made thereunder.

Head	Central Tax	State Tax	UT Tax	Integrated Tax	Cess
Tax					
Interest					
Penalty					
Others					
Total					

Place:					
Date:					
				Signature	
				< Name of the Officer >	
				Designation	
				Jurisdiction	

**Form GST REG-29**

[See rule 24(4) ]

**Application for cancellation of provisional registration****Part A**

(i) Provisional ID			
(ii) Email ID			
(iii) Mobile Number			
<b>Part B</b>			
2. Legal Name (As per Permanent Account Number)			
2. Address for correspondence			
Building No./Flat No.		Floor No.	
Name of Premises/ Building		Road/ Street	

City/Town/ Village/Locality		District	
Block/Taluka			
State		PIN	
3. Reason for Cancellation			
4. Have you issued any tax invoice during GST regime? YES <input type="checkbox"/> NO <input type="checkbox"/>			
5. Declaration (i) I <Name of the Proprietor/Karta/Authorised Signatory>, being <Designation> of <Legal Name (> do hereby declare that I am not liable to registration under the provisions of the Act.			
6. Verification 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.			
Aadhaar Number		Permanent Account Number	
Signature of Authorised Signatory			
Full Name			
Designation/Status			
Place			
Date		DD/MM/YYYY	

**Form GST REG-30***[See rule 25]***Form for Field Visit Report**

Center Jurisdiction (Ward/Circle/Zone)

Name of the Officer:- << to be prefilled>>
Date of Submission of Report:-
Name of the taxable person
GSTIN/UIN –
Task Assigned by:- < Name of the Authority- to be prefilled>
Date and Time of Assignment of task:- < System date and time>

Sr. No.	Particulars	Input
1.	Date of Visit	
2.	Time of Visit	
3.	Location details :	
	Latitude	Longitude
	North – Bounded By	South – Bounded By
	West – Bounded By	East – Bounded By
4.	Whether address is same as mentioned in application.	Y/N