[See rule 89(1)]

Application for Refund

Select: Registered / Casual / Unregistered / Non-resident taxable person

- 1. GSTIN/Temporary ID:
- 2. Legal Name:
- 3. Trade Name, if any:
- 4. Address:

5. Tax Period: From <DD/MM/YY> To <DD/MM/YY>

6. Amount of Refund Claimed:

Act	Tax	Interest	Penalty	Fees	Others	Total
Central Tax						
State /UT Tax						
Integrated Tax						
Cess						
Total	•	•		•		

- 7. Grounds of Refund Claim: (select from the drop down):
 - a. Excess balance in Electronic Cash ledger
 - b. Exports of services- With payment of Tax
 - c. Exports of goods / services- Without payment of Tax, i.e., ITC accumulated
 - d. On account of assessment/provisional assessment/appeal/any other order
 - i. Select the type of Order:

Assessment/ Provisional Assessment/ Appeal/ Others

- ii. Mention the following details:
 - 1. Order No.
 - 2. Order Date <calendar>
 - 3. Order Issuing Authority
 - 4. Payment Reference No. (of the amount to be claimed as refund)

(If Order is issued within the system, then 2, 3, 4 will be auto populated)

- e. ITC accumulated due to inverted tax structure (clause (ii) of proviso to section 54(3)
- f. On account of supplies made to SEZ unit/ SEZ Developer or Recipient of Deemed Exports (Select the type of supplier/ recipient)
 - 1. Supplies to SEZ Unit
 - 2. Supplies to SEZ Developer
 - 3. Recipient of Deemed Exports
- g. Refund of accumulated ITC on account of supplies made to SEZ unit/ SEZ Developer

- h. Tax paid on a supply which is not provided, either wholly or partially, and for which invoice has not been issued
- i. Tax paid on an intra-State supply which is subsequently held to be inter-State supply and vice versa
- j. Excess payment of tax, if any
- k. Any other (specify)
- 8. Details of Bank Account (to be auto populated from RC in case of registered taxpayer)
 - a. Bank Account Number :b. Name of the Bank :
 - c. Bank Account Type :
 - d. Name of account holder :
 - e. Address of Bank Branch:
 - f. IFSC :
 - g. MICR :
 - 9. Whether Self-Declaration filed by Applicant u/s 54(4), if applicable Yes No .

DECLARATION

I hereby declare that the goods exported are not subject to any export duty. I also declare that I have not availed any drawback on goods or services or both and that I have not claimed refund of the integrated tax paid on supplies in respect of which refund is claimed.

Signature

Name -

Designation / Status

DECLARATION

I hereby declare that the refund of ITC claimed in the application does not include ITC availed on goods or services used for making nil rated or fully exempt supplies.

Signature

Name -

Designation / Status

DECLARATION

I hereby declare that the Special Economic Zone unit /the Special Economic Zone

developer has not availed of the input tax credit of the tax paid by the applicant, covered
under this refund claim.
Signature
Name –
Designation / Status
SELF- DECLARATION
I/We (Applicant) having GSTIN/ temporary Id, solemnly affirm and certify that in respect of the refund amounting to Rs/ with respect to the tax, interest, or any other amount for the period fromto, claimed in the refund application, the incidence of such tax and interest has not been passed on to any other person.
(This Declaration is not required to be furnished by applicants, who are claiming refund under clause (a) or clause (b) or clause (c) or clause (d) or clause (f) of sub-section (8) of section 54)
Verification
I/We <i><taxpayer name=""></taxpayer></i> 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.
We declare that no refund on this account has been received by us earlier.
•
Place Signature of Authorised Signatory
Date (Name)
Designation/ Status

10.

Statement -1 (Annexure 1)

Refund Type: ITC accumulated due to inverted tax structure [clause (ii) of proviso to section 54(3)]

Part A: Outward Supplies

(**GSTR- 1: Table 4 and 5**)

GS	TIN/ UIN		Invoice detail	S	Rate	Taxable		Amou	ınt		Place of Supply
		No.	Date	Value		value	Integrated Tax	Central Tax	State / UT Tax	Cess	(Name of State)
	1	2	3	4	5	6	7	10	11		

Part B: Inward Supplies

[GSTR 2: Table 3 (Matched Invoices)]

GSTIN	I	nvoice d	etails	Rate	Taxable		Amount o	f Tax		Place of	Whether input or input	Amou	nt of ITC a	vailable	
of supplier	No	Date	Value		value	Integrated tax	Central Tax	State/ UT Tax	CESS	supply (Name of State)	service/ Capital goods (incl plant and machinery)/ Ineligible for ITC	Integrated Tax	Central Tax	State/ UT Tax	Cess
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Note -The data shall be auto-populated from GSTR-1 and GSTR-2.

Statement- 2

Refund Type: Exports of services with payment of tax

(GSTR- 1: Table 6A and Table 9)

1.

GSTIN		In	voice details		Integrated Tax			BRC/ FIR	С	Amended	Debit Note	Credit Note	Net Integrated
of recipien t	No.	Date	Value	SAC	Rate	Taxable value	Amt.	No.	Date	Value (Integrated Tax) (If Any)	Integrated Tax / Amended (If any)	Integrated Tax / Amended (If any)	$ \text{Tax} \\ = (11/8) + 12 - 13 $
1	2	3	4	5	6	7	8	9	10	11	12	13	14
6A. Exp	orts												

BRC/FIRC details are mandatory—in case of services

Statement- 3

Refund Type:Export without payment of Tax-Accumulated ITC

(GSTR- 1: Table 6A)

GSTIN of				Invoice deta	ils			Shippin	g bill/ Bill	of export	In	tegrated Ta	ıX	EGM Details		BRC/ FIRC	
recipient	No.	Date	Value	Goods/	HSN/	UQC	QTY	No.	Date	Port Code	Rate	Taxable	Amt.	Ref No.	Date	No.	Date
				Services	SAC							value					
				(G/S)													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
6A. Exports		•	•			•			•				•				

Note - 1. Shipping Bill and EGM are mandatory; - in case of goods.

2. BRC/FIRC details are mandatory—in case of Services

Statement 4

Supplies to SEZ/ SEZ developer

Refund Type:On account of supplies made to SEZ unit/ SEZ Developer

(GSTR- 1: Table 6B and Table 9)

GSTIN of	Invoic	e details		Shipping	bill/Bill of	I	ntegrated Ta	X	Amended	Debit Note	Credit Note	Net Integrated
recipient					kport				Value	Integrated	Integrated Tax /	Tax
									(Integrated	Tax /	Amended	=(10/9)+11
									Tax)	Amended	(If any)	- 12
	No Date Value							(If Any)	(If any)			
	No.	Date	Value	No	Date	Rate	Taxable	Amt.	Amt.	Amt.	Amt.	Amt.
							Value					
1	2	3	4	5	6	7	8	9	10	11	12	13
6B: Supplies made	e to SEZ/ SEZ developer				•		•					

(GSTR- 5: Table 5 and Table 8)

GSTIN/	Iı	nvoice de	tails	Rate	Taxable		Amount			Place of	Amended	Debit Note	Credit Note	Net Integrated
UIN	No.	Date	Value		value	Integrated	Central	State /	Cess	Supply	Value	Integrated	Integrated	Tax
						Tax	Tax	UT		(Name	(Integrated	Tax /	Tax /	=(12/7)+13
								Tax		of State)	Tax)	Amended	Amended	- 14
											(If Any)	(If any)	(If any)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Statement 5

Recipient of Deemed exports etc.

(GSTR-2: Table 3 and Table 6)

GSTI	Inv	oice d	etails	Rat	Taxa	1	Amount o	of Tax		Plac	Whether	Amou	nt of ITC	availab	le	Amend	Debit	Credit	Net
N				e	ble					e of	input or					ed	Note	Note	ITC
of suppli er	N o	Da te	Val ue		value	Integra ted tax	Cent ral Tax	Stat e/ UT Tax	CE SS	supp ly (Na me of State)	input service/ Capital goods (incl plant and machine ry)/ Ineligibl e for ITC	Integrat ed Tax	Cent ral Tax	Stat e/ UT Tax	Ce ss	Value (ITC Integrat ed Tax) (If Any)	ITC Integrat ed Tax / Amend ed (If any)	ITC Integrat ed Tax / Amend ed (If any)	Integrat ed Tax = (17/ 7)+ 18-19
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Statement 6:

Refund Type: Tax paid on an intra-State supply which is subsequently held to be inter-State supply and vice versa

Order Details (issued in pursuance of Section 77 (1) and (2), if any:

Order No: Order Date:

GSTIN/	D	etails	of inv	oice cov	vering transact			-State	e / inter-State transaction	Transacti	on which w			te / intra-State supply
UIN						earlie	r					subsequer	ntly	
Name														
(in case		Invo	oice de	etails	Integrated	Central			Place of Supply	Integrated	Central			Place of Supply
B2C)					Tax	Tax	Tax		(only if different from the location	Tax	Tax	Tax		(only if different from the location
	No.	No.Date Value Taxable Amt Amt Amt Amt of recipier								Amt	Amt	Amt	Amt	of recipient)
				Value										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Statement 7:

Refund Type: Excess payment of tax, if any in case of Last Return filed.

Refund on account excess payment of tax

(In case of taxpayer who filed last return GSTR-3 - table 12)

Sr. No.	Tax period	Reference no. of return	Date of filing return		Tax Payab	ole	
				Integrated Tax	Central Tax	State/ UTTax	Cess
1	2	3	4	5	6	7	8

Annexure-2

Certificate

This is to certify that in respect of the refund amounting to INR <<>> (in words) claimed by M/s (Applicant's Name) GSTIN/ Temporary ID for the tax period <>, the incidence of tax and interest, has not been passed on to any other person. This certificate is based on the examination of the Books of Accounts, and other relevant records and Returns particulars maintained/ furnished by the applicant.
Signature of the Chartered Accountant/ Cost Accountant:
Name:
Membership Number:
Place:
Date:
This Certificate is not required to be furnished by the applicant, claiming refund under clause (a) or clause (b)

or clause (c) or clause (d) or clause (f) of sub-section (8) of section 54 of the Act.

[See rules90(1), 90(2) and 95(2)]

Acknowledgment

Your application for refund is hereby acknowledged against <application number="" reference=""></application>									
Acknowledgement Number	er		:						
Date of Acknowledgemen	ıt		:						
GSTIN/ UIN/ Temporary	ID, if ap	plicable	:						
Applicant's Name			:						
Form No.			:						
Form Description			:						
Jurisdiction (tick appropri	iate)		:						
Centre State	/	Union Ter	ritory:						
Filed by		:							
		Refund App	lication Detail	S					
Tax Period									
Date and Time of Filing									
Reason for Refund									
Amount of Refund Claim	ed:								
	Tax	Interest	Penalty	Fees	Others	Total			
Central Tax									
State /UT tax									
Integrated Tax									
Cess									
Total									

Note 1: The status of the application can be viewed by entering ARN through <Refund> Track Application Status" on the GST System Portal.

 $Note\ 2: It\ is\ a\ system\ generated\ acknowledgement\ and\ does\ not\ require\ any\ signature.$

[See rule 91(2)]

Sanc	tion Ord	ler No:			Date: <dd mm="" yyyy=""></dd>						
To											
		_(GSTIN)									
		_ (Name)									
		(Address)									
			Provisiona	l Refund Or	der						
Refu	nd Appl	ication Reference No. (ARN)	I	Dated	. <dd mm="" td="" yyyy<=""><td>Y></td><td></td></dd>	Y>					
Ackr	nowledg	ement NoDated	<dd <="" td=""><td>MM/YYYY></td><td>></td><td></td><td></td></dd>	MM/YYYY>	>						
Sir/N	⁄Iadam,										
		ce to your above mentioned ap	oplication fo	or refund, the	e following amou	nt is sanctioned to	you on a				
prov	isional b	pasis:									
	Sr.	Description	Central	State /UT	Integrated Tax	Cess					
	No i.	Amount of refund claimed	Tax	tax							
	ii.	10% of the amount claimed as refund (to be sanctioned later)									
	iii.	Balance amount (i-ii)									
	iv.	Amount of refund sanctioned									
	v.	Bank Details Bank Account No. as per application									
	vi.	Name of the Bank									
	vii.	Address of the Bank /Branch									
	viii.	IFSC									
	ix.	MICR									
Date Place					Na	nature (DSC): me: signation:					
						fice Address:					

[See rule 91(3), 92(4), 92(5) & 94]

Payment Advice

Payment A	nt Advice No: - Date: <dd mm="" yyyy=""></dd>																								
To <cent< td=""><td>re></td><td>PA</td><td>O/ '</td><td>Tre</td><td>asur</td><td>ry/ RBI</td><td>/ Ba</td><td>nk</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></cent<>	re>	PA	O / '	Tre	asur	ry/ RBI	/ Ba	nk																	
Refund Sa	ncti	on (Ord	er N	lo																				
Order Dat	e	<	DD,	/MN	Л/Ү	YYY>.																			
GSTIN/ U	IN/	Tei	npo	rary	ID	\Leftrightarrow																			
Name: <>																									
Refund A	nou	nt (as p	er (Orde	r):																			
Pescription Integrated Tax Central Tax State/ UT tax											ov.	Cess													
cscription																									
	T	I	P	F	О	Total	Т	I	P	F	О	Total	T	I	P	F	О	Total	T	Ι	P	F	О	Total	
Net																									
Refund																									
amount																									
sanctioned	l																								
Interest on	l																								
delayed																									
Refund																									
Total																									
Note – 'T'	' stai	nds	Тах	κ: 'I	' sta	nds for	Inte	res	t: 'F	o' st	ands	for Pe	nalt	v: '	F's	tano	ls fo	r Fee aı	nd '	O' :	stan	ds f	or O	thers	
	~			-, -	~				-, -	-				,,								-			
					D	etails o	f th	e B	lank	7															
		:				nk Acco					ppli	cation													
		i.				ne of th																			
		i. i.			Nar	ne and	Add	res	s of	the	Ban	ık /bran	ch												
		v.			IFS	C																			
		v.			MIC	CR																			
Date:																		Signatu	re (DS	C):				
Place:																		Name:	, .						
																		Designa Office			٥.				
То																			· ·uu	.103	٠.				
		(GS	TIT	N/ L	JIN/	Tempo	rary	ID))																
		(Na	me)																					

_____(Address)

[See rule 92(1), 92(3), 92(4), 92(5) & 96(7)]

Order No.:		Date: <dd mm="" th="" yyyy<=""><th>></th><th></th></dd>	>								
То											
(GSTIN/ UIN/ Temporary	ID)										
(Name)											
(Address)											
Show cause notice No. (If applicable)											
Acknowledgement No	Γ	Dated DD/MM/YYYY>									
	Refund	Sanction/Rejection Order									
Refund Sanction/Rejection Order Sir/Madam, This has reference to your above mentioned application for refund filed under section 54 of the Act*/ interest on refund*. > Upon examination of your application, the amount of refund sanctioned to you, after adjustment of dues (where applicable) is as follows: *Strike out whichever is not applicable											
Description	Integrated Tax	Central Tax	State/ UT tax	Cess							

Description		In	tegra	ated Ta	ax			C	entral	Tax				State/ UT tax				Cess						
	T	I	P	F	О	Total	T	I	P	F	О	Total	Т	I	P	F	О	Total	T	I	P	F	О	Total
1. Amount of refund/interest*																								
claimed																								
2. Refund sanctioned on provisional																								
basis (Order Nodate) (if																								
applicable)																								

3. Refund amount inadmissible < <reason dropdown="">> <multiple allowed="" be="" reasons="" to=""></multiple></reason>																							
4. Gross amount to be paid (1-2-3)																				+	+		
5. Amount adjusted against outstanding demand (if any) under the existing law or under the Act. Demand Order No date, Act Period <multiple add="" be="" given="" possible-="" row="" rows="" to=""></multiple>																							
6. Net amount to be paid																				+			
Note – 'T' stands Tax; 'I' stands for Inter	est; 'P'	' stand:	s for	Penalt	y; 'F	'' stanc	ls for Fe	e and '(O'sta	nds f	for C	Others											
*Strike out whichever is not applicable																							
*1. I hereby sanction an amount of INR to M/s having GSTINunder sub-section (5) of section 54) of the Act/under section 56 of the Act [®] *Strike out whichever is not applicable (a) **and the amount is to be paid to the bank account specified by him in his application;																							
(b) the amount is to be adjusted tow	ards re	covery	of a	rrears a	as sp	ecified	l at serial	l numb	er 5 of	f the	Tab	le above	e;										
(c) an amount ofrupees is to be be paid to the bank account spec *Strike-out whichever is not applicable. Or *2. I hereby credit an amount of INR	ified by	y him i	n his	applic	catio	n [#]	-									and t	he re	emainii	ng am	iount	of	rup	ees is to
&3. I hereby reject an amount of INR &Strike-out whichever is not applicable		_ to M/	s			having	GSTIN	u	nder s	ub-s	ectio	on () o	of Sec	tion	()	of the	Act						
Date: Place:							Nam	gnatio	ŕ	:												A	Address:

[See rule 92(1), 92(2) & 96(6)]

Reference No.	Date: <dd mm="" yyyy=""></dd>
То	
(GSTIN/UIN/Temp.ID No.)	
(Name)	
(Address)	
Acknowledgement No	Dated <dd mm="" yyyy=""></dd>
Order for Complete ad	justment of sanctioned Refund

Sir/Madam,

With reference to your refund application as referred above and further furnishing of information/ filing of documents against the amount of refund sanctioned to you has been completely adjusted against outstanding demands as per details below:

Part- A

	Refund Calculation	Integrated	Central	State/ UT	Cess
		Tax	Tax	Tax	
i.	Amount of Refund claimed				
ii.	Net Refund Sanctioned on Provisional Basis (Order Nodate)				
iii.	Refund amount inadmissible rejected < <reason dropdown="">></reason>				
iv.	Refund admissible (i-ii-iii)				
v.	Refund adjusted against outstanding demand (as per order no.) under existing law or under this law. Demand Order No date <multiple be="" given="" may="" rows=""></multiple>				
vi.	Balance amount of refund	Nil	Nil		Nil

I hereby, order that the amount of claimed / admissible refund as shown above is completely adjusted against the outstanding demand under this Act / under the existing law. This application stands disposed as per provisions under sub-section (...) of Section (...) of the Act.

OR

Part-B

Order for withholding the refund

This has reference to your refund application referred to above and information/ documents furnished in the matter. The amount of refund sanctioned to you has been withheld due to the following reasons:

Refun	nd Order No.:				
Date	of issuance of Order:				
Sr.	Refund Calculation	Integrated	Central	State/UT Tax	Cess
No.		Tax	Tax		
i.	Amount of Refund Sanctioned				
ii.	Amount of Refund Withheld				
iii.	Amount of Refund Allowed				

iii.	Amount of Refund Allowed										
Reasons for withholding of the refund:											
	<<	<text>></text>									
	bby, order that the amount of claimed / admissibles. This order is issued as per provisions under				ove mentio						
Date: Place				Signature (DSC): Name: Designation: Office Address:							

FORM GST RFD-10

[See rule 95(1)]

Application for Refund by any specialized agency of UN or any Multilateral Financial Institution and Organization, Consulate or Embassy of foreign countries, etc.

1.	UIN	:
2.	Name :	
3.	Address :	
4.	Tax Period (Quarter)	: From <dd mm="" yy=""> To</dd>
	<dd mm="" yy=""></dd>	
5.	Amount of Refund Claim : <in< td=""><td>R><in words=""></in></td></in<>	R> <in words=""></in>
		Amount
	C + IT	Amount
	Central Tax	
	State /UT Tax	
	Integrated Tax	
	Cess	
	Total	
6.	Details of Bank Account:	
	a. Bank Account Number	
	b. Bank Account Type	
	c. Name of the Bank	
	d. Name of the Account Holder/Operator	
	e. Address of Bank Branch	
	f. IFSC	
	g. MICR	
7.	Reference number and date of furnishing FORM GSTR-11	
8.	Verification	
	I as an authorised representative of << Name	of Embassy/international organization >>
	hereby solemnly affirm and declare that the information gi	ven herein above is true and correct to the
	best of my knowledge and belief and nothing has been conce	ealed therefrom.
	That we are eligible to claim such refund as specified agenc	y of UNO/Multilateral Financial Institution
	and Organization, Consulate or Embassy of foreign cour	ntries/ any other person/ class of persons
	specified/ notified by the Government.	
	Date:	Signature of Authorised
Signato		
	Place:	Name: Designation / Status

FORM GST RFD-11

[See rule 96A]

Furnishing of bond or Letter of Undertaking for export of goods or services

1. GSTIN				
2. Name				
3. Indicate	the type of document furnished	Bond:	etter of Undertaki	ng
4. Details	of bond furnished			
Sr. No.	Reference no. of the bank guarantee	Date	Amount	Name of bank and branch
1	2	3	4	5

Note – Hard copy of the bank guarantee and bond shall be furnished to the jurisdictional officer.

5. Declaration -

- (i) The above-mentioned bank guarantee is submitted to secure the integrated tax payable on export of goods or services.
- (ii) I undertake to renew the bank guarantee well before its expiry. In case I/We fail to do so the department will be at liberty to get the payment from the bank against the bank guarantee.
- (iii) The department will be at liberty to invoke the bank guarantee provided by us to cover the amount of integrated tax payable in respect of export of goods or services.

Signature of Authorized Signatory

Name	
Designation / Status	
Date	

Bond for export of goods or services without payment of integrated tax $(See\ rule\ 96A)$

I/We,hereinafter called "obligor(s)", am/are held and firmly bound to the President of India (hereinafter called "the President") in the sum ofrupees to be paid to the President for which payment will and truly to be made.
I/We jointly and severally bind myself/ourselves and my/our respective heirs/ executors/ administrators/ legal representatives/successors and assigns by these presents; Dated thisday of;
WHEREAS the above bounden obligor has been permitted from time to time to supply goods or services for export out of India without payment of integrated tax; and whereas the obligor desires to export goods or services in accordance with the provisions of clause (a) of sub-section (3) of section 16;
AND WHEREAS the Commissioner has required the obligor to furnish bank guarantee for an amount of
AND if the relevant and specific goods or services are duly exported; AND if all dues of Integrated tax and all other lawful charges, are duly paid to the Government along with interest, if any, within fifteen days of the date of demand thereof being made in writing by the said officer, this obligation shall be void;
OTHERWISE and on breach or failure in the performance of any part of this condition, the same shall be in full force and virtue:
AND the President shall, at his option, be competent to make good all the loss and damages, from the amount of bank guarantee or by endorsing his rights under the above-written bond or both;
I/We further declare that this bond is given under the orders of the Government for the performance of an act in which the public are interested;
IN THE WITNESS THEREOF these presents have been signed the day hereinbefore written by the obligor(s).
Signature(s) of obligor(s). Date: Place:
Witnesses (1) Name and Address Occupation (2) Name and Address Occupation
Accepted by me thisday of

Letter of Undertaking for export of goods or services without payment of integrated tax

(See rule 96A)

То	
The President of India (hereinafter called the "President of India)	esident"), acting through the proper officer
Services Tax Identification Number No undertaker(s) including my/our respective heirs,	
(a) to export the goods or services supplied without (1) of rule 96A;	out payment of integrated tax within time specified in sub-rule
(b) to observes all the provisions of the Goods export of goods or services;	and Services Tax Act and rules made thereunder, in respect of
	of failure to export the goods or services, along with an amount the amount of tax not paid, from the date of invoice till the date
I/We declare that this undertaking is given under which the public are interested.	the orders of the proper officer for the performance of enacts in
IN THE WITNESS THEREOF these present undertaker(s)	its have been signed the day hereinbefore written by the
Signature(s) of undertaker(s).	
Date : Place :	
Witnesses (1) Name and Address (2) Name and Address Date Place	Occupation Occupation
Accepted by me thisd	ay of(year)
	(Designation) for and on behalf of the President of India

FORM GST INS-1

AUTHORISATION FOR INSPECTION OR SEARCH

[See rule 139 (1)]

То	
	ame and Designation of officer) Whereas information has been presented before me and I have reasons to believe t—
A.I	M/s
	has suppressed transactions relating to supply of goods and/or services has suppressed transactions relating to the stock of goods in hand, has claimed input tax credit in excess of his entitlement under the Act has claimed refund in excess of his entitlement under the Act has indulged in contravention of the provisions of this Act or rules made thereunder to evade tax under this Act;
	OR
B.]	M/s
	is engaged in the business of transporting goods that have escaped payment of tax is an owner or operator of a warehouse or a godown or a place where goods that have escaped payment of taxhave been stored has kept accounts or goods in such a manner as is likely to cause evasion of tax payable under this Act.
	OR
C.	
	goods liable to confiscation / documents relevant to the proceedings under the Act are secreted in the business/residential premises detailed herein below << Details of the Premises>
Th	erefore,—
	in exercise of the powers conferred upon me under sub-section (1) of section 67 of the Act, I authorize and require you to inspect the premises belonging to the above mentioned person with such assistance as may be necessary for inspection of goods or documents and/or any other things relevant to the proceedings under the said Act and rules made thereunder.
	OR
	in exercise of the powers conferred upon me under sub-section (2) of section 67 of the Act, I authorize and require you to search the above premises with such assistance as may

be necessary, and if any goods or documents and/or other things relevant to the proceedings under the Actarefound, to seize and produce the same forthwith before me for further action under the Act and rules made thereunder.

Any attempt on the part of the person to mislead, tamper with the evidence, refusal to answer the questions relevant to inspection / search operations, making of false statement or providing false evidence is punishable with imprisonment and /or fine under the Act read with section 179, 181, 191 and 418 of the Indian Penal Code.

Given under my	hand &	seal this	 day	of	(month)	20	(year).	Valid for
day(s).								

Seal

Place

Signature, Name and designation of the issuing authority

Name, Designation & Signature of the Inspection Officer/s

- (i)
- (ii)

FORM GST INS-02

ORDER OF SEIZURE

[See rule 139 (2)]

Whereas an inspection under sub-section (1)/search under sub-section (2) of Section
67 was conducted by me on// at:_ AM/PM in the following premise(s):
< <details of="" premises="">></details>
which is/are a place/places of business/premises belonging to:
< <name of="" person="">></name>
< <gstin, if="" registered="">></gstin,>
in the presence of following witness(es):

- 1. <<Name and address>>
- 2. <<Name and address>>

and on scrutiny of the books of accounts, registers, documents / papers and goods found during the inspection/search, I have reasons to believe that certaingoods liable to confiscation and/or documents and/or books and/or things useful for or relevant to proceedings under this Act are secreted in place(s) mentioned above.

Therefore, in exercise of the powers conferred upon me under sub-section (2) of section 67, I hereby seize the following goods/ books/ documents and things:

A) <u>Details of Goods seized</u>:

Sr. No	Description of goods	Quantity or units	Make/mark or model	Remarks
1	2	3	4	5

B) Details of books / documents / things seized:

Sr.	Description	No. of books /	Remarks
No	of books / documents /	documents / things	
	things seized	seized	
1	2	3	4

and these goods and or things are being handed over for safe upkeep to:

<<Name and address>>

with a direction that he shall not remove, part with, or otherwise deal with the goods or things except with the previous permission of the undersigned.

Place:	Name and Designation of the Officer
Date:	

Signature of the Witnesses

Sr. No.	Name and address	Signature
1.		
2.		

\sim	•
 U	

<<Name and address>>

FORM GST INS-03

ORDER OF PROHIBITION

[See rule 139(4)]

Whereas an inspection under sub-section (1)/search under sub-section (2) of Section
67 was conducted on/_/ at:_ AM/PM in the following premise(s):
< <details of="" premises="">></details>
which is/are a place/places of business/premises belonging to:
< <name of="" person="">></name>
< <gstin, if="" registered="">></gstin,>
in the presence of following witness(es):

and on scrutiny of the books of accounts, registers, documents / papers and goods found during the inspection/search, I have reasons to believe that certain goods liable to confiscation and/or documents and/or books and/or things useful for or relevant to proceedings under this Act are secreted in place(s) mentioned above.

<<Name and address>>
 <<Name and address>>

Therefore, in exercise of the powers conferred upon me under sub-section (2) of section 67, I hereby order that you shall not/shall not cause to remove, part with, or otherwise deal with the goods except without the previous permission of the undersigned:

Sr. No	Description of goods	Quantity or units	Make/mark or model	Remarks
1	2	3	4	5

Place:	Ν	Name and Designation	n of the Officer
Date:			

Signature of the Witnesses

	Name and address	Signature
1.		
2.		

To:

<<Name and address>>

FORM GST INS-04

BOND FOR RELEASE OF GOODS SEIZED

[See rule 140(1)]

I......hereinafter called "obligor(s)" am held andfirmly bound to the

President of India (hereinafter called "the President") and/or the Governor of

.....(State) (hereinafter called "the Governor")inthe sum of......rupees to

severally bind myself and myheirs/ executors/ administrators/legal representatives/successors
and assigns by these presents; datedthisday of
WHEREAS in accordance with the provisions of sub-section (2) of section 67, the goods
have been seized vide order number
rupees involving an amount of tax of rupees. On my request
the goods have been permitted to be released provisionally by the proper officer on execution
of the bond of valuerupees and a security ofrupees
against which cash/bank guarantee has been furnished in favour of the President/ Governor; and
WHEREAS I undertake to produce the said goods released provisionally to me as and when
required by the proper officer duly authorized under the Act.
And if all taxes, interest, penalty, fineand other lawful chargesdemanded by the proper officer
are duly paid within ten days of the date of demand thereof being made in writing by the said
proper officer, this obligation shall be void.
OTHERWISE and on breach or failure in the performance of any part of this condition, the
same shall be in full force:
AND the President/Governor shall, at his option, be competent to make good all thelosses
and damages from the amount of the security deposit or by endorsinghis rights under the
above-written bond or both;
IN THE WITNESS THEREOF these presents have been signed the dayhereinbefore written
by the obligor(s).

Date:

Signature(s) of obligor(s).

Place:					
Witnesses					
(1) Name and A	Address				
(2) Name and A	Address				
Date					
Place					
Accepted	by	me	this	day	of
	.(month)	(year)		(design	nation of
officer)for and	on behalf of the	President /Gove	rnor.		
				(Signature of the	Officer)

FORM GST INS-05

ORDER OF RELEASE OF GOODS/ THINGS OF PRISHABLE OR HAZARDOUS NATURE

[See rule 141(1)]

		- (, -				
	Whereas the following ag premise(s):	goods and/or things	were seized on _	_// from the			
< <deta< td=""><td>ils of premises>></td><td></td><td></td><td></td></deta<>	ils of premises>>						
which is	s/are a place/places of bu	siness/premises belor	nging to:				
	e of Person>> IN, if registered>>						
Details	of goods seized:						
Sr. No	Description of goods	Quantity or units	Make/mark or model	Remarks			
1	2	3	4	5			
Rsamount	ce these goods are of equivalent to the:	(
	amount of tax, interest a	· ·	nay become payable				
has beer	n paid, I hereby order the	e above mentioned go	ods be released forth	with.			
Place:	Place: Name and Designation of the Officer						
Date:							
То:							
< <name< td=""><td>e and Designation>></td><td></td><td></td><td></td></name<>	e and Designation>>						

FORM GST DRC - 01

[See rule 142(1)]

Reference No:					Date	:	
	GSTIN Name Addres						
Tax Period			Act -	-			
Section / sub-section SCN Reference No		r which SO		ing issued - Date ary of Show C		ce	
(a) Brief fac	cts of th	ne case					
(b) Grounds	S						
(c) Tax and	other o	lues			(A	Amount in	Rs.)
	Sr. No.	Tax Period	Act	Place of supply	Tax / Cess	Others	Total

Sr. No.	Tax Period	Act	Place of supply (name of State)	Tax / Cess	Others	Total
1	2	3	4	5	6	7
Total						

FORM GST DRC -02

[See rule 142(1)(b)]

Reference No:		Date:		
То				
GSTIN/ID				
Name				
Address				
SCN Ref. No	Date –			
Statement Ref. No	Date -			
Section /sub-section under which stater	nent is being issued	-		
Summary of Sta	atement			
(a) Brief facts of the case				
(b) Grounds				
(c) Tax and other dues				
		(Amount in Rs.)		

Sr.	Tax	Act	Place of	Tax/	Others	Total
No.	Period		supply	Cess		
			(name of			
			State)			
1	2	3	4	5	6	7
Total						

FORM GST DRC- 03

[See rule 142(2) & 142 (3)]

Intimation of payment made voluntarily or made against the show cause notice (SCN) or statement

1.	GSTIN									
2.	Name									
3.	Cause of	payme	ent		<< dro	op down>>				
					Audit, (speci	, investigation fy)	on, volu	intary, SCI	N, others	
4.	Section u is made	inder w	hich voluntary p	<< dro	op down>>					
5.			cause notice, if e within 30 days	Refere	Reference No. Date of issue					
6.	Financial	Year					1			
7.	Details of	f paym	ent made includi	ng inter	est and p	enalty, if ap	plicabl	e		
								(Am	ount in R	Rs.)
Sr. No.	Tax Period	Act	Place of supply (POS)	Tax/ Cess	Interest	Penalty, if applicable	Total	Ledger utilised (Cash / Credit)	Debit entry no.	Date of debit entry
1	2	3	4	5	6	7	8	9	10	11

<< Text box>>

I hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of Authorized Signatory
Name
Designation / Status
Date –

^{8.} Reasons, if any -

^{9.} Verification-

FORM GST DRC - 04

[See rule 142(2)]

Reference No:			Date:
То	GSTIN/ID		
	- Name _ Address		
Tax Period		F.Y	
ARN -		Date -	
	ent made by you vide		yment made voluntarily above is hereby acknowledged in.
			Signature Name Designation
Copy to -			

FORM GST DRC- 05

	See rule 1	42(3)		
Reference No:	-	, ,,,	Date:	
То	_ GSTIN/ID			
	Name			
Tax Period	d	F.Y		
SCN -		Date -		
ARN -		Date -		
	Intimation of conclusion	of proceedings		
This has reference to the show cause notice referred to above. As you have paid the amount of tax and other dues mentioned in the notice along with applicable interest and penalty in accordance with the provisions of section , the proceedings initiated vide the said notice are hereby concluded.				
		•	nature	
		Na		
		Des	signation	
Copy to - –				

[See rule 142(4)]

Reply to the Show Cause Notice

1. GSTIN		
2. Name		
3. Details of Show Cause Notice	Reference No.	Date of issue
4. Financial Year		
5. Reply		
<< Text box >>		
6. Documents uploaded		
<< List of documents >>		
7. Option for personal hearing	Yes Yes	No
8. Verification-		
I hereby solemnly affirm and dec	lare that the in	nformation given hereinabove is true and correct to the
best of my knowledge and belief a	and nothing ha	as been concealed therefrom.
		Signature of Authorized Signatory
		Name
		Designation / Status
		Date –

[See rule 142(5)]

Summary of the order

- 1. Details of order -
 - (a) Order no.
- (b) Order date
- (c) Tax period -
- 2. Issues involved -<< drop down>>

classification, valuation, rate of tax, suppression of turnover, excess ITC claimed, excess refund released, place of supply, others (specify)

3. Description of goods / services -

Sr. No.	HSN	Description

4. Details of demand

(Amount in Rs.)

Sr. No.	Tax rate	Turnover	Place of supply	Act	Tax/ Cess	Interest	Penalty
1	2	3	4	5	6	7	8

5. Amount deposited

Sr. No.	Tax Period	Act	Tax/ Cess	Interest	Penalty	Others	Total
1	2	3	4	5	6	7	8
Total							

Signature Name Designation

Copy to - -

				[See r	ule 142(7)]				
Re	Reference No.: Date:								
				Rectifi	cation of Oro	der			
		Pr	eamble - <	< Standard >> (Applicable fo	r orders only)			
	Par		s of origina			• /			
		x period							
	Sec	ction un	der which o	rder is					
	Oro	der no.			Date o	f issue			
	Pro	vision a	assessment o	order	Order	date			
		, if any							
			plied for		Date o	f ARN			
	rec	tificatio	n						
Your application for rectification of the orderreferredtoabove has been found to be satisfactory; It has come to my noticethatthe above said order requires rectification; Reason for rectification - > Details of demand, if any,after rectification								n Rs.)	
	Sr.	Tax	Turnover	Place of supply	Act	Tax/ Cess	Interest	Penalty	
	No.	rate							
	1	2	3	4	5	6	7	8	
	e afore der:		ler is rectific	ed in exercise of	the powers c	onferred under	r section 161	as	
To	,								
			_(GSTIN/I	D)					
			Name						

_____(Address)

Copy to -

[See rule 143]

То							
Particulars of de	efaulter -						
GSTIN – Name - Demand order no.: Reference no. of recovery: Period:				Date: Date:			
0	rder for re	ecovery thr	ough specifi	ed officer under so	ection 79		
Whereas a sum under the provi	of Rs. <<- sions of the s failed to m	>> or	n account of UTGST/ CG	tax, cess, interest ST/ IGST/ CESS> mount. The details	and penalty is : > Act by the at	foresaid	
					(Amount in	Rs.)	
Act	Tax/Cess	Interest	Penalty	Others	Total		
1	2	3	4	5	6	-	
Integrated tax							
Central tax							
State/UT tax							
Cess							
Total							
						_	
<< Remarks>>							
You are, hereby, required under the provisions of section 79 of the < <sgst>>Actto recover the amount due from the << person >>as mentioned above.</sgst>							
•	-	-			SGST>>Actto	recover	

[See rule 144(2)]

Notice for Auction of Goods under section 79 (1) (b) of the Act

Date:

Demand order no.:

Period:

Date:

Whereas an order has been made by me for sale of the attached or distrained goods specified in the Schedule below for recovery of Rs and interest thereon and admissible expenditure incurred on the recovery process in accordance with the provisions of section 79.						
The sale will be by public auction and the goods shall be put up for sale in the lots specified in the Schedule. The sale will be of the right, title and interests of the defaulter. And the liabilities and claims attached to the said properties, so far as they have been ascertained, are those specified in the Schedule against each lot.						
	will be held on at te of auction, the sale will	AM/PM. In the event the enti-	re amount due is paid			
The price of each lot shall be paid at the time of sale or as per the directions of the proper officer/ specified officer and in default of payment, the goods shall be again put up for auction and resold.						
		Schedule				
	Serial No.	Description of goods	Quantity			
	1	2	3			
Place:		Signature Name Designation				

[See rule 144(5) & 147(12)]

Notice to successful bidder

10,		
Please refer to Public Auction Reference no, you have been for instant case.		
You are hereby, required to make payment of Rs from the date of auction.	within	a period of 15 days
The possession of the goods shall be transferred to yo of the bid amount.	u after you have ma	de the full payment
	Signature Name Designation	
Place:	Ü	
Date:		

[See rule 144(5) & 147(12]

Sale Certificate

Date:

Demand order no.:

Reference no. of recovery: Period:							Date	:		
This is to	certify tha	at the follow	ing goo	ds:						
			Sched	ule (Mov	vable Go	ods)				
	Sr. N	0.	De	escription	of goods	S		Quantity		
	1			2				3		
			Sch	edule (In	nmovabl	le Goo	ds)			
D '11'								T	T	
Building No./ Flat No.	Floor No.	Name of the Premises /Building	Road / Stree t	Localit y/ Villag e	Distric t	Stat e	PIN Code	Latitude (optional)	Longitude (optional)	
1	2	3	4	5	6	7	8	9	10	
				Sched	ule (Sha	res)				
Sr. I	No.	Name of	f the Co	ompany	Quantity			Va	Value	
1			2		3			4		
have been	sold to				at				in public	
auction of section 79 thereunder be the pur	the good 0(1)(b)/(d r on rchaser of	s held for re) of the <<5 and the s the said go The	covery SGST/U aid ods at	of rupees JTGST/the time	CGST/ I	in acc GST/ (P The sa	ordance (CESS>> curchaser) le price o	with the pro Act and ru has been d of the said g	visions of ales made eclared to	
Place:		The	saic wa	as commi	ned on	Sig Na	nature	•••		
Date:										

[See rule 145(1)]

Notice to a third person under section 79(1) (c)

To	
The	
Particulars of defaulter -	
GSTIN – Name -	D.
Demand order no.: Reference no. of recovery: Period:	Date: Date:
the provisions of the $<<$ SGST $/$ UTC	ant of tax, cess, interest and penalty is payable under GST/CGST/ IGST>> Act by < <name amount;="" and="" failed="" make="" of="" or<="" payment="" such="" taxable="" td="" to=""></name>
It is observed that a sum of rupees person from you; or	is due or may become due to the said taxable
It is observed that you hold or are likely the said person.	to hold a sum of rupees for or on account of
· · · · · · · · · · · · · · · · · · ·	rupees to the Government forthwith or upon in compliance of the provisions contained in clause he Act.
section 79 of the Act to have been made certificate from the government in FC	ou in compliance of this notice will be deemed under under the authority of the said taxable person and the DRM GST DRC - 14 will constitute a good and such person to the extent of the amount specified in
this notice, you will be personally liable	ny liability to the said taxable person after receipt of to the State /Central Government under section 79 of harged, or to the extent of the liability of the taxable whichever is less.
•	te payment in pursuance of this notice, you shall be e amount specified in the notice and consequences of l follow.
	Signature Name
Place: Date:	Designation

[See rule 145(2)]

Certificate of Payment to a Third Person

	n FORM GST DRC-13 bearing reference no. we discharged your liability by making a payment
of Rs for the defaulter	
GSTIN –	
Name -	.
Demand order no.:	Date:
Reference no. of recovery: Period:	Date:
This certificate will constitute a good and mentioned defaulter to the extent of the amo	I sufficient discharge of your liability to above unt specified in the certificate.
	Signature
	Name
	Designation
Place:	Designation
Date:	

[See rule 146]

APPLICATION BEFORE THE CIVIL COURT REQUESTING EXECUTION FOR A DECREE

То		
The Magistrate /Judge of	the Court of	
Demand order no.:	Date:	Period
Sir/Ma'am,		
	y(nam is payable to the sa ees under the provi	ed in your Court on the day of the of defaulter) in Suit No
You are requested to execute outstanding recoverable as		edit the net proceeds for settlement of the ove.
Place: Date:		
		Proper Officer/ Specified Officer

[See rule 147(1) & 151(1)]

То	
GSTIN -	
Name -	
Address -	
Demand order no.: Reference no. of recovery: Period:	Date: Date:

Notice for attachment and sale of immovable/movable goods/shares under section 79

Whereas you have failed to pay the amount of Rs....., being the arrears of tax/cess/interest/penalty/ fee payable by you under the provisions of the <<SGST/UTGST/CGST/IGST/CESS>> Act.

The immovable goods mentioned in the Table below are, therefore, attached and will be sold for the recovery of the said amount. You are hereby prohibited from transferring or creating a charge on the said goods in any way and any transfer or charge created by you shall be invalid.

Schedule (Movable)

Sr. No.	Description of goods	Quantity
1	2	3

Schedule (Immovable)

Building No./ Flat No.	Floor No.	Name of the Premises /Building	Road / Stree t	Localit y/ Village	District	Stat e	PIN Code	Latitude (optiona l)	Longitude (optional)
1	2	3	4	5	6	7	8	9	10

Schedule (Shares)

Sr. No.	Name of the Company	Quantity
1	2	3

Signature Name Designation

Place:	
Date:	

[See rule 147(4)]

Notice for Auction of Immovable/Movable Property under section 79(1) (d)

Demand order no.:	Date:
Reference number of recovery:	Date:
Period:	

Whereas an order has been made by me for sale of the attached or distrained goods specified in the Schedule below for recovery of Rs............ and interest thereon and admissible expenditure incurred on the recovery process in accordance with the provisions of section 79.

The sale will be by public auction and the goods shall be put up for sale in the lots specified in the Schedule. The sale will be of the right, title and interests of the defaulter. And the liabilities and claims attached to the said properties, so far as they have been ascertained, are those specified in the Schedule against each lot.

The price of each lot shall be paid at the time of sale or as per the directions of the proper officer/ specified officer and in default of payment, the goods shall be again put up for auction and resold.

Schedule (Movable)

Sr. No.	Description of goods	Quantity
1	2	3

Schedule (Immovable)

Bu	ilding	Floor	Name of	Road	Localit	District	Stat	PIN	Latitude	Longitude
N	No./	No.	the	/	y/		e	Code	(optiona	(optional)
Fla	at No.		Premises	Stree	Village				1)	
			/Building	t						
	1	2	3	4	5	6	7	8	9	10

Schedule (Shares)

Sr. No.	Name of the Company	Quantity
1	2	3

Signature Name Designation

Place: Date:

[See rule 155]

То	
Name & Address of District Collector	
Demand order no.: Reference number of recovery: Period: Cortificate action under election.	Date: Date: use (e) of sub-section (1) section 79
Certificate action under ciat	use (e) of sub-section (1) section 79
demanded from and is payable by M	ify that a sum of Rs
< <demand details="">></demand>	
The said GSTIN holder owns property/resparticulars of which are given hereunder: -	sides/carries on business in your jurisdiction the
< <description>></description>	
You are requested to take early steps to redefaulter as if it were an arrear of land rever	ealise the sum of rupees from the saidnue.
Place:	Signature Name Designation
Date:	

[See rule 156]

To,						
Magistrate,						
< <name addr<="" and="" td=""><td>ess of the Court>></td><td></td><td></td><td></td></name>	ess of the Court>>					
Demand order no.: Reference number of recovery: Period: Applicatio		Date: Date: on to the Magistrate for Recovery as Fine				
A sum of Rs. <<> >>is recoverable from < <name of="" person="" taxable="">> holding <<gstin>> on account of tax, interest and penalty payable under the provisions of the Act. You are requestedtokindly recover such amount in accordance with the provisions of clause (f) of sub-section (1) of section 79 of the Act as if it were a fine imposed by a Magistrate.</gstin></name>						
	Details of Amount					
Description	Central tax	State /UT tax	Integrated tax	CESS		
Tax/Cess						
Interest						
Penalty						
Fees						
Others						
Total						
Place: Date:			Signature Name Designation			

[See rule 158(1)]

Application for Deferred Payment/ Payment in Instalments

1. Name of the tax	able person-				
2. GSTIN -					
3. Period					
		ection 80 of the Act,			
		yment of tax/ other d reasons stated below		to pay such	
tax/other dues in	instalmentsfor	reasons stated below	:		
Demand ID					
Description	Central tax	State /UT tax	Integrated tax	CESS	
Tax/Cess					
Interest					
Penalty					
Fees					
Others Total					
Reasons: -				Upload Docum	 nen
		Verification			
•		hat the information g ad belief and nothing			
Signature of Autho	rized Signatory				
Name					
Place -					
Date -					

[See rule 158(2)]

Reference No <<>>	<< Date >>
То	
GSTIN	
Name	
Address	
Demand Order No.	Data
	Date: Date:
Reference number of recovery: Period -	Date.
Application Reference No. (ARN) -	Date -
Application Reference No. (ARN) -	Date -
Order for acceptance/rejection of application for d	leferred payment / payment in
instalments	
This has reference to your above referred application, file application for deferred payment / payment of tax/ot examined and in this connection, you are allowed to pay or in this connection you are allowed to pay the tax and or in monthly instalments. OR This has reference to your above referred application, file application for deferred payment / payment of tax/other deferment and it has not been found possible to accede to reasons:	ther dues in instalments has been tax and other dues by (date) other dues amounting to rupees ad under section 80 of the Act. Your ues in instalments has been
Reasons for rejection	
DI.	Signature Name Designation
Place:	
Date:	

[See rule 159(1)]

Reference No.: Date:
То
Name Address
(Bank/ Post Office/Financial Institution/Immovable property registering authority)
Provisional attachment of property under section83 It is to inform that M/s (name) having principal place of business at(address) bearing registration number as (GSTIN/ID), PAN is a registered taxable person under the < <sgst cgst="">> Act. Proceedingshave been launched against the aforesaid taxable person under section <<>> of the said Act to determine the tax or any other amount due from the said person. As per information available with the department, it has come to my notice that the said person has a -</sgst>
< <saving current="" depository="" fd="" rd="">>account in your << bank/post office/financia institution>> having account no. << A/c no.>>;</saving>
or
property located at << property ID & location>>.
In order to protect the interests of revenue and in exercise of the powers conferred unde section 83 of the Act, I (name), (designation), hereby provisionally attach the aforesaid account / property.
No debit shall be allowed to be made from the said account or any other account operated by the aforesaid person on the same PAN without the prior permission of this department.
or
The property mentioned above shall not be allowed to be disposed of without the prio permission of this department.
Signatur Nam
Designation
Copy to –

[See rule 159(3), 159(5) & 159(6)]

Reference No.:		Date:
To		
Name Address		
	stitution/Immovable property registe	ering authority)
Order reference No	Date –	
Please refer to the attachment of office/financial institution>> had order, to safeguard the interest Now, there is no such proceeding.	mally attached property / bank acc f << saving / current / FD/RD>> acc aving account no. <<>, att of revenue in the proceedings laur ngs pending against the defaulting parts. Therefore, the said account may	count in your << bank/post tached vide above referred nched against the person. person which warrants the
or		
order to safeguard the interest Now, there is no such proceeding	of property << ID /Locality>> atta of revenue in the proceedings laur ngs pending against the defaulting p v. Therefore, the said property may	nched against the person. person which warrants the
		Signature Name Designation
		Designation
Copy to -		

[See rule 160]

То					
The Liquidator/Rece	eiver,				
Name of the taxable p	erson:				
GSTIN:					
Demand order no.:	Date:			Period:	
	т,	ntimatian	ta I ianida	ton for mosovory of	Comount
	11	numauon	to Liquida	tor for recovery of	amount
appointment as lic	quidator formed that t	or the << he said con	company mpany owe	name>> holding s / likely to owe the	g intimation of your < <gstin>>.In this e following amount to</gstin>
		Current /	Anticipated	Demand	
				(Ar	mount in Rs.)
Act	Tax	Interest	Penalty	Other Dues	Total Arrears
1	2	3	4	5	6
Central tax					
State / UT tax					
Integrated tax					
Cess					
-	for dischar				eby directed to make ities, before the final
				Name	e
				Desig	gnation
Place: Date:					

FORM GST DRC – 25 [See rule 161]

Reference No << >> Date >>					<<
To GSTIN Name Address					
Demand Order No.: Reference number of rec Period: Reference No. in Appeal	•	on or any oth	er proceeding	Date: Date:	Date:
	Continu	ation of Rec	covery Proce	edings	
This has reference to the recovery reference numb. The Appellate /Revision Court>>has enhanced/re No	er for a surple of a surple of a surple of authored the surple of a surple of	m of Rs rity /Court e dues cove vide order overy of enh ch the reco	red by the a no o anced/reduced very proceed	<< name of above mentioned added and amount of Rs lings stood immend after giving efforms	of authority / demand order the dues now stands diately before
Act	Tax	Interest	Penalty	Other Dues	Total Arrears
1	2	3	4	5	6
Central tax					
State / UT tax					
Integrated tax					
Cess					
Designation Place: Date:					Signature Name

FORM GST CPD-01

[See rule 162(1)]

Application for Compounding of Offence

1.	GSTIN / Temporary ID	
2.	Name of the applicant	
3.	Address	
4.	The violation of provisions of the Act for which	
	prosecution is instituted or contemplated	
5.	Details of adjudication order/notice	
	Reference Number	
	Date	
	Tan	
	Tax	
	Interest	
	interest	
	Penalty	
	•	
	Fine, if any	
_		
6.	Brief facts of the case and particulars of the offence (s)	
	charged:	
7.	Whether this is the first offence under the Act	
7.	whether this is the first offence under the Act	
8.	If answer to 7 is in the negative, the details of previous	
	cases	
9.	Whether any proceedings for the same or any other offence	
	are contemplated under any other law.	
10.	If answer to 9 is in the affirmative, the details thereof	

DECLARATION

- (1) I shall pay the compounding amount, as may be fixed by the Commissioner.
- (2) I understand that I cannot claim, as a matter of right, that the offence committed by me under the Act shall be compounded.

Signature of the applicant

Name

Reference N		FORM GST CPD-02	
STICC I V	0:	[See rule 162(3)]	
To		Date:	
GSTIN/ID - NameAddress			
	ARN	Date –	
	Order for rejection	n / allowance of compounding of offence	
This has refine the depart		tion referred to above Your application has been	n examined
	< <text>></text>		
respect of t	ied that you fulfil the re he offences stated in co licated in column (3):	equirements to be allowed to compound the offer follumn (2) of the table below on payment compou	nces in anding
C. N	0.00		
Sr. No.	Offence	Compounding amount (Rs.)	
Sr. No. (1)	Offence (2)	Compounding amount (Rs.) (3)	
	Name of the last o		
Note: In a specified (3), which offence so	case the offence committin Column (2), the comparison is the maximum of the taght to be compounded a cereby directed to pay the of the compounding amounts	(3) ted by the taxable person falls in more than on pounding amount shall be the amount specified are amounts specified against the categories in can be categorized. aforesaid compounding amount by (dat unt, you will be granted immunity from presents)	in column which the
Note: In a specified (3), which offence so	case the offence committin Column (2), the complication is the maximum of thought to be compounded effected to pay the	(3) ted by the taxable person falls in more than on pounding amount shall be the amount specified are amounts specified against the categories in can be categorized. aforesaid compounding amount by (dat unt, you will be granted immunity from presents)	in column which the
Note: In a specified (3), which offence so You are h payment of offences 1	case the offence committin Column (2), the comparison is the maximum of the taght to be compounded a cereby directed to pay the of the compounding amounts	(3) ted by the taxable person falls in more than on pounding amount shall be the amount specified are amounts specified against the categories in can be categorized. aforesaid compounding amount by (dat unt, you will be granted immunity from presents)	in column which the
Note: In a specified (3), which offence so You are h payment of offences 1 or	case the offence committin Column (2), the comparison is the maximum of the taght to be compounded a cereby directed to pay the of the compounding amounts	ted by the taxable person falls in more than on pounding amount shall be the amount specified are amounts specified against the categories in can be categorized. The aforesaid compounding amount by (dat and, you will be granted immunity from prosecutive aforesaid table.	in column which the
Note: In a specified (3), which offence so You are h payment of offences 1 or	case the offence committin Column (2), the comparison is the maximum of the taght to be compounded of the compounding amounts isted in column (2) of the	ted by the taxable person falls in more than on pounding amount shall be the amount specified are amounts specified against the categories in can be categorized. The aforesaid compounding amount by (dat and, you will be granted immunity from prosecutive aforesaid table.	in column which the

By order and in the name of the Governor of Chhattisgarh,

(A.P. Tripathi) Speical Secretary