

**Form GST REG-19**

[See Rule ---- -]

Reference No. -

Date

To

Name

Address

GSTIN/ UIN

Application Reference No. (ARN)

Date

**Order for Cancellation of 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 registration is liable to be cancelled for following reason(s).

- 1.
- 2.

The effective date of cancellation of your registration is <<DD/MM/YYYY >>.

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

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

The amounts determined as being payable above are without prejudice to any amount that may be found to be payable you on submission of final return furnished by you.

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