

Government of India / <<State>>

Department of -----

Form GST REG-19

[See Rule-----]

**Notice for Seeking Clarification / Documents relating to Application for
<< Revocation of Cancellation>>**

Reference Number : << Date– DD/MM/YYYY>>

To

Name of the Applicant/ Taxpayer

Address of the Applicant/Taxpayer

GSTIN*

Application Reference No. (ARN):

Dated— DD/MM/YYYY

This is with reference to your <<registration>> application referred above, filed under the ---- Goods and Services Tax Act, 20--. The Department has examined your application and is not satisfied with it for the following reasons:

- 1.
- 2.
- 3.
- ...

ϕ You are directed to submit your reply by (DD/MM/YYYY)

ϕ *You are hereby directed to appear before the undersigned authority on (DD/MM/YYYY) at (HH:MM)

If no response is received by the stipulated date and time as stated above, your application is liable for rejection. Please note that no further notice / reminder will be issued in this matter.

Digital Signature
Name of the Proper Officer
Designation