

Government of India
Department of....
FORM-GST-RFD-06
[See Rule-----]

Order for Complete adjustment of claimed Refund

Reference No. :

Date: <DD/MM/YYYY>

To

_____ (GSTIN)
_____ (Name)
_____ (Address)

Acknowledgement No.

Dated<DD/MM/YYYY>.....

Sir/Madam,

With reference to your refund application as referred above and further furnishing of information/ filing of documents against the amount of refund by you has been completely adjusted

	Refund Calculation	IGST	CGST
i.	Amount of Refund claimed		
ii.	Refund Sanctioned on Provisional Basis (Order No...dated)		
iii.	Refund amount inadmissible <<reason dropdown>>		
iv.	Refund admissible (i-ii-iii)		
v.	Refund reduced against outstanding demand (as per order no.) under earlier law or under this law.. Demand Order No..... date.....		
vi.	Balance amount of refund	Nil	Nil

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

Date:

Signature (DSC):

Place:

Name:

Designation:

Office Address:

Government of <<State>>
Department of....
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Acknowledgement No.

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Sir/Madam,

With reference to your refund application as referred above and further furnishing of information/ filing of documents against the amount of refund by you has been completely adjusted

	Refund Calculation	SGST
i.	Amount of Refund claimed	
ii.	Refund Sanctioned on Provisional Basis (Order No...dated)	
iii.	Refund amount inadmissible <<reason dropdown>>	
iv.	Refund admissible (i-ii-iii)	
v.	Refund reduced against outstanding demand (as per order no.) under earlier law or under this law. . Demand Order No..... date.....	
vi.	Balance amount of refund	Nil

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

Date:

Signature (DSC):

Place:

Name:

Designation:

Office Address: