

## ANNEXURE-V

### Form GST -

[See Rule ]

#### Application to Opt for Composition Scheme

(For existing taxpayer)

Filed no. 2 & 3 would get auto populated on the basis of information mentioned in filed no. 1.

1. GSTIN																			
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2. Full Name of Applicant Dealer																			

3. Please Tick the Nature of Business Activity being carried out at above mentioned Premises					
Factory / Manufacturing	<input type="radio"/>	Wholesale Business	<input type="radio"/>	Retail Business	<input type="radio"/>
Warehouse/Deport	<input type="radio"/>	Bonded Warehouse	<input type="radio"/>	Service Provision	<input type="radio"/>
Office/Sale Office	<input type="radio"/>	Leasing Business	<input type="radio"/>	Service Recipient	<input type="radio"/>
EOU/ STP/ EHTP	<input type="radio"/>	SEZ	<input type="radio"/>	Input Service Distributor (ISD)	<input type="radio"/>

4. Year for which composition scheme is sought					-				
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5. Turnover in the preceding year	(Rs.)										
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6. Estimated Turnover in the current year	(Rs.)										
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7. Tax Payable on Opening Stock lying at the beginning of the current	Description	Turnover (Rs.)	Tax Payable												
			CGST			SGST			IGST						
	(i) Trading Stock														
	(Iii) Raw material														

year(provision for capital goods may have to be made if the GST law provides for proportionate credit in case of mixed use)	(iii) Packaging Material																			
	(iv) Finished Goods																			
	Total																			

8. Details of Tax paid calculated as per (7) above(This needs to be amended in view of maintenance of ITC / Cash Ledger)	Description																			
	(i) Amount of tax paid (Rs.)																			
	(iii) Date of Deposit			/			/													
		dd			mm														yyyy	
(iii) Challan No.																				

**9. Verification**  
 I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name (*first name, middle, surname*) \_\_\_\_\_

Designation/Status \_\_\_\_\_

Place																				
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Date								
	Day		Month		Year			