

ANNEXURE-V

Department of -----

Government of -----

Form GST –
[See Rule -]

Reference No.

Date -

Refund order under ----- Goods & Services Tax Act, ----

1. GSTIN																				
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2. Full Name of Tax Payer																				

3. Tax Payer's address	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			

4. Receipt No. & date of refund application	Receipt No. -	Receipt date -
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5. Act	Tick <input checked="" type="checkbox"/> one	<input type="checkbox"/> IGST <input type="checkbox"/> CGST <input type="checkbox"/> SGST
6. Type of refund application	Tick <input checked="" type="checkbox"/> one	<input type="checkbox"/> Return type <input type="checkbox"/> Application

Note - Return type can be regular & composition (say, GST-20,21) etc.

7. Tax Period for which refund claimed	From									To								
		dd	mm	yy			dd	mm	yy									

8. Refund calculation	Amount (Rs.)																			
(i) Refund claimed																				
(ii) Refund reduced, if any																				
(iii) Refund allowed (i – ii)																				
(iv) Interest due in case of delayed payment of refund																				
(v) Amount of adjustment against outstanding demand																				

(vi) Net amount of refund payable	(iii + iv - v)																		
9. Details of Bank Account																			
i) Bank Account No.																			
ii) Bank Account Type																			
iii) Operated in the name of																			
iv) Name & Address of Bank/Branch																			
v) MICR No. / IFSC																			

(Signature)

Name

(Designation)

Ward/Circle/Unit/Other

(Place)

(Date)

Note - Please quote your GSTIN while communicating with the department ----- in this matter or in any other matter whatsoever.