

ANNEXURE-IV

Form GST -

[See Rule ___]

Application for Surrender of Registration under Goods and Services Tax Act, Year

Please file **your tax return** for the tax period in which the effective date of cancellation of your registration falls before applying for cancellation. **Filed no. 2 to 5 would get auto populated on the basis of information mentioned in filed no. 1.**

1. GSTIN																			
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2. Full Name of Registrant																				
3. Trade Name, if any																				
4. Address of Principal Place of Business																				
5. Address for correspondence (e-mail, mobile, landline etc.)																				

6. Reason for Surrender	<input type="checkbox"/> Discontinuance of business	<input type="checkbox"/> Closure of incorporated body
<u>Tick <input checked="" type="checkbox"/> one</u>	<input type="checkbox"/> Death of sole proprietor	<input type="checkbox"/> Dissolution of firm
	<input type="checkbox"/> Has ceased to be liable to pay tax	<input type="checkbox"/> Merger
	<input type="checkbox"/> Amalgamation etc.	<input type="checkbox"/> Others (specify the reason)

(Note: In case of death of Sole Proprietor application will have to be made by the legal heir / successor manually before the concerned tax authorities)

7. In case of amalgamation or merger, provide particulars of registration in which merged, amalgamated etc.	
(i) GSTIN	
(ii) Name	
(iii) Principal Place of Business	

(The new entity in which the applicant proposes to amalgamate itself must be registered with the tax

authority before the filing of the surrender application. This application can only be made after that.)

8. Date from which registration under -----Act, 20-- is to be surrendered			/			/		
	<u>Day</u>			<u>Month</u>			<u>Year</u>	

9. Amount of GST payable in respect of goods / capital goods held on the date of surrender of registration (Rs.)	Turnover	Tax	
		CGST	SGST

10. Details of amount of GST paid as calculated at 9 above. (This needs to be amended in view of maintenance of ITC / Cash Ledger)	i) Date of deposit			-			-				
		Day		Month		Year					
	ii) Challan No.										
	(iii) Name of Bank & Branch										

11. Verification	
(i) 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.	
(ii) I/We undertake to discharge any tax liability which is found to be payable subsequent to the surrender of registration and the tax authorities shall be free to take any action as prescribed in the law.	
Signature of Authorised Signatory	
Full Name	
Designation/Status	

