**FORM GST CMP-01**

*[See rule 3(1)]*

Intimation to pay tax under section 10 (composition levy)

(Only for persons registered under the existing law migrating on the appointed day)

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| 1. GSTIN / Provisional ID | |  | | |
| 2. Legal name | |  | | |
| 3. Trade name, if any | |  | | |
| 4. Address of Principal Place of Business | |  | | |
| 5. Category of Registered Person < Select from drop down> | | | | |
| (i) Manufacturers, other than manufacturers of such goods as notified by the Government | | | |  |
| (ii)Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II | | | |  |
| (iii) Any other supplier eligible for composition levy***.*** | | | |  |
| 6. Financial Year from which composition scheme is opted | | | 2017-18 | |
| 7. Jurisdiction | Centre | | State | |
| 8. Declaration –  I hereby declare that the aforesaid business shall abide by the conditions and restrictions specified for payment of tax under section 10. | | | | |
| 9. Verification  I hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.  Signature of Authorised Signatory  Name  Place  Date Designation / Status | | | | |

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