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| **[FORM GST PCT-06174**  *[See rule 83B]*  **APPLICATION FOR CANCELLATION OF ENROLMENT AS GOODS AND SERVICES TAX PRACTITIONER** | |
| 1. GSTP Enrolment No. |  |
| 2. Name of the GST Practitioner | <Auto Populated> |
| 3. Address | < Auto Populated> |
| 4. Date of effect of cancellation of  enrolment |  |
| I hereby request for cancellation of enrolment as GST Practitioner for the reason(s) noted below:  1.  2.  3.  **DECLARATION**  The above declaration is true and correct to the best of my knowledge and belief. I undertake that I shall continue to be liable for my actions as GST Practitioner before such cancellation.  (SIGNATURE)  Place: Date:] | |

174Inserted vide Notification no. 33/2019-CT dt. 18.07.2019 with effect from a date to be notified later

231