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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 ofenrolment |  |
| 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

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