# [FORM GST PCT-07175

*[See rule 83B]*

# ORDER OF 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. No. and Date of application |  |
| 5. Date of effect of cancellation of enrolment |  |

**DECLARATION**

This is to inform you that your enrolment as GST Practitioner is hereby cancelled with effect from . . . . . . .

(SIGNATURE)

Place: Date: ]

175Inserted vide Notification no. 33/2019-CT dt. 18.07.2019 with effect from a date to be notified later

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