# FORM GST REG-22

*[See rule 23(2]*

Reference No. - Date

# To

GSTIN/UIN

(Name of Taxpayer) (Address)

Application Reference No. (ARN) Date

# Order for revocation of cancellation ofregistration

This has reference to your application dated DD/MM/YYYY for revocation of cancellation ofregistration. Your application has been examined and the same has been found to be in order. Accordingly, your registration is restored.

Date Place

Signature Name of Proper

officer (Designation) Jurisdiction –

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