

4. Address of Principal Place of business			
5. Category of Registered Person			
(i)	Manufacturers, other than manufacturers of such goods as may be notified by the Government	<input type="checkbox"/>	
(ii)	Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II	<input type="checkbox"/>	
(iii)	Any other supplier eligible for composition levy.	<input type="checkbox"/>	
6. Nature of Business			
7. Date from which withdrawal from composition scheme is sought		DD	MM
		YYYY	
8. Jurisdiction	Centre	State	
9. Reasons for withdrawal from composition scheme			
10. 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			

Note – Stock statement may be furnished separately for availing input tax credit on the stock available on the date preceding the date from which composition option is withdrawn in **FORM GST ITC -01**.

**Form GST CMP- 05**

*[See rule 6(4)]*

Reference No. << ... >>

<< Date >>

To

GSTIN

Name

Address

**Notice for denial of option to pay tax under section 10**

Whereas on the basis of information which has come to my notice, it appears that you have violated the conditions and restrictions necessary for availing of the composition scheme under section 10 of the Act. I therefore propose to deny the option to you to pay tax under the said section for the following reasons: -

1

2

3

....

You are hereby directed to furnish a reply to this notice within fifteen working days from the date of service of this notice.

You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM.

If you fail to furnish a reply within the stipulated date or fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

Signature

Name of Proper Officer

Designation

Jurisdiction

Place

Date

**Form GST CMP - 06**

*[See rule 6(5)]*

**Reply to the notice to show cause**

9.	GSTIN	
10.	Details of the show cause notice	Reference no.
		Date
11.	Legal name	
12.	Trade name, if any	
13.	Address of the Principal Place of Business	
14.	Reply to the notice	
15.	List of documents uploaded	
16.	Verification	<p>I _____ hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.</p> <p style="text-align: right;">Signature of the Authorised Signatory</p> <p>Date</p> <p>Place</p>