

FORM-GST-RFD-06*[See rule 92(1),92(3),92(4),92(5) & 96(7)]*

Order No.:

Date:

<DD/MM/YYYY>

To

_____ (GSTIN/ UIN/ Temporary ID)

_____ (Name)

_____ (Address)

Show cause notice No. (If applicable)

Acknowledgement No.

Dated

.....<DD/MM/YYYY>

Refund Sanction/Rejection Order

Sir/Madam,

This has reference to your above mentioned application for refund filed under section 54 of the Act*/ interest on refund*. Upon examination of your application, the amount of refund sanctioned to you, after adjustment of dues (where applicable) is as follows:

**Strike out whichever is not applicable*

Sr no	Description	Central Tax	State Tax	UT Tax	Integrated Tax	Cess
i.	Amount of refund/interest* claimed					
ii.	Refund sanctioned on provisional basis (Order No....date) (if applicable)					
iii.	Refund amount inadmissible <<reason dropdown>> <Multiple reasons to be allowed>					
iv.	Gross amount to be paid (1-2-3)					
v.	Amount adjusted against outstanding demand (if any) under the existing law or under the Act. Demand Order No..... date....., Act Period <Multiple rows possible- add row to be given>					

vi.	Net amount to be paid					
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**Strike out whichever is not applicable*

&1. I hereby sanction an amount of INR _____ to M/s _____ having GSTIN ____ under sub-section (5) of section 54) of the Act/under section 56 of the Act[@]

@Strike out whichever is not applicable

- (a) [#]and the amount is to be paid to the bank account specified by him in his application/
- (b) the amount is to be adjusted towards recovery of arrears as specified at serial number 5 of the Table above/
- (c) an amount of ----rupees is to be adjusted towards recovery of arrears as specified at serial number 5 of the Table above and the remaining amount of ----rupees is to be paid to the bank account specified by him in his application[#] . .

#Strike-out whichever is not applicable.

Or

&2. I hereby credit an amount of INR _____ to Consumer Welfare Fund under sub-section (...) of Section (...) of the Act. .

&3. I hereby reject an amount of INR _____ to M/s _____ having GSTIN ____ under sub-section (...) of Section (...) of the Act.

&Strike-out whichever is not applicable

Date:
Place:

Signature (DSC):
Name:
Designation:
Office Address: