

**<sup>1</sup>[FORM GST PCT-06**

**[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 of enrolment	

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1. Inserted by the Central Goods and Services Tax (Fifth Amendment) Rules, 2019, w.e.f. a date yet to be notified.

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: