[See rule 23(2] Date

Reference No. -

**To** GSTIN / UIN (Name of Taxpayer) (Address)

Application Reference No. (ARN)

Date

## Order for revocation of cancellation of registration

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

Signature Name of Proper officer (Designation) Jurisdiction –

Date Place