

Government of India /<<State>>

Department of -----

**Form GST REG-18**

[See Rule -----]

Reference No << Reference Number >>

<< Date- DD/MM/YYYY>>

**To**

GSTIN/Unique ID

(Name of Taxpayer)

(Address)

Application Reference No. (ARN)

Dated – DD/MM/YYYY

**Order for Approval of Application for Revocation of Cancelled Registration**

This is with reference to your Application for Revocation of Cancelled Registration referred above filed under the Goods and Services Tax Act, 20---. The Department has examined your application and the same has been found satisfactory and your registration is hereby restored.

As per section ---, revocation of cancellation of registration under CGST Act / SGST Act is also deemed to be revocation of cancellation of registration under the SGST Act / CGST Act.

Digital Signature

Name of Proper officer

(Designation)

Jurisdiction – Center/ State

Date

Place

