ANNEXURE-IV

Government of ----Department of -----

Form GST -

Refund Claim Form under ----- Goods & Services Tax Act, -----

(To be used by Tax Payers only)

1. GSTIN																
2. Full Name of Taxpa	yer															
												_				
3. Taxpayer's address	Building Nar	ne/ Num	nber													
	Area/ Road															
	Locality/ Ma	rket														
	Pin Code															
4. Amount of refund cla	Amount of refund claimed (Rs.)													S	SGS7	
5. Ground for claiming	g refund															
(provide reasons		tach														
additional sheets, if [Attach /uploa		ting														
documents)	suppos															
6. Tax Period for wh	hich From							T	o							
refund claimed		dd	mm			уу				dd	m	m			уу	
7. Details of Bank Acc	ount															
i) Bank Account N																
ii) Bank Account T	ype															
iii) Operated in the	name of															
iv) Name & Addre	ss of Bank/Bran	nch														
v) MICR No. / IFS	SC															

8. Verifica	tion																					
I/We												he	reby	sole	mnly	aff	ĭrm	and	dec	lare	that	the
information	n giv	en he	reir	nabov	e is	true	and	con	rect t	o t	he b	est c	of my	our l	know	ledg	e and	l beli	ef an	id no	thing	has
been conce	ealed	there	fror	n.																		
Signature of	of Au	thoris	sed	Signa	atory					_												
Full Name	(firs	st nai	ne,	midd	le, su	ırna	me)			_												
Designatio	n / St	atus								_												
Place																						
Date																						
	Da	ay		Mo	nth			Yea	r													

ANNEXURE-V

		De	partmen	t of -												
		Go	vernmen	t of -												
			Form													
Reference No.			_		,	Ι	Date -									
R	efund ord	der und	er G	Goods	& Se	rvice	s Tax	A	ct,							
1. GSTIN																
2. Full Name of Tax Payer		T		1	<u> </u>							\top		Τ	$\overline{\top}$	
2.1010101010101010															-	
3. Tax Paver's address Building Name/ Number																
3. Tax Payer's address Building Name/ Number																
	Are	a/ Road										1	T			
	Loc	ality/ Ma	arket													
	Pin	Code									•					
								•								
4. Receipt No. & date of refund application		Receip	ot No				Rec	eip	t date -							
5. Act	Tick	one one	□ IGS	ST		□ C(GST			SGS'	Т					
6. Type of refund application	n Tick	one one	□ Ret	urn t <u>ı</u>	ype	□ Re	eturn	typ	e 🗖	Appl	icati	on				
Note - Return ty	pe can be r	egular &	composit	ion (s	ay, GS	ST-20,2	21) et	c.								
7. Tax Period for which	From						To	•								
refund claimed		dd	mm		уу				dd	m	m			уу		
8. Refund calculation										Am	ount	(R	s.)			
(i) Refund claimed																
(ii) Refund reduced, if a	ıny															
(iii) Refund allowed (i –	ii)															
(iv) Interest due in case	of delayed	d payme	nt of refu	ınd												

Amount of adjustment against outstanding demand

(v)

(vi) Net amount of refund payable	(iii +	iv –	· v)							
9. Details of Bank Account										
i) Bank Account No.										
ii) Bank Account Type										
iii) Operated in the name of										
iv) Name & Address of Bank/Branch										
v) MICR No. / IFSC										

(Signature)

Name

(Designation)

Ward/Circle/Unit/Other

(Place)

(Date)

Note - Please quote your GSTIN while communicating with the department ----- in this matter or in any other matter whatsoever.

ANNEXURE-VI

Reduction / Adjustment Summary

Sr No.	Description	Year & Tax	Amount	Order No.	Order date	Balance demand, if
		Period	(reduction /			any remaining after
			adjustment)			adjustment
1	2	3	4	5	6	7
1.	Reduction of					
	refund amount					
2.	Adjustment					
	against					
	outstanding					
	demand					
	Total					

(Signature)

Name

(Designation)

Ward/Circle/Unit/Other

(Place)

(Date)

ANNEXURE-VII

Department of -----

Government of -----

Form GST - [See Rule --]

Re	fund Claim I	Form ui	nder	Good	ds &	Serv	vices T	Tax A	ct, -						
[To be used on	ly by Embass	ies, Inte	rnational	and	Publi	c Or	ganisa	itions	and	l the	ir O	ffici	als]		
1. Registration No.															
2. Tax Period for wh	hich From						To								
refund claimed		dd	mm		уу			dd		mm			уу	7	
							1								
3. Full Name of Emba	assy / Organisa	tion /										T			
	,														
				<u> </u>											
4. Address of	Building Na	ıme/ Nııı	mher												
Embassy /	Area/ Road	1110/ 1 (01				+				1					
Organisation	Locality/ M	arket													
	Pin Code														
	Email Id														
	Telephone 1	Vumber													
	Fax Numbe														
	Tunitumoe														
	~ 1 1 1														
5. Entry Number of	Schedule un	der whic	the app	licant	is eli	gible	to clai	m refi	ınd						
6. Amount of refund of	claimed (Rs.)					IGS	Т		CG	ST			SG	ST	
(As per invoice detail)	provided belov	v)													

7	Details of a	purchases of	of tax na	id goods	in respect of	of which re	efund of	tax is sought
/ -	Details of	our critabes ,	or ture pu	id Soods	III I COPCCI V	OI WILL OIL I	ciuiiu oi	ture in nought

Sr. No.	Invoice	Invoice	Supplier's	Supplier's	Value / Price		Tax (Rs.)	
	date	No.	GSTIN	Name	(excluding tax)	IGST	CGST	SGST
1	2	3	4	5	6	7	8	9
		_	_	·				
Total								

8. Details of Bank Accou								
in which refund should l	e Bank Account Type							
Territted	Operated in the name of							
	MICR / IFSC							
	Name of Bank							
	Address of Branch							

9. Verification							
I/We	hereby	solemnly	affirm	and	declare	that	the
information given hereinabove is true and correct to the		-					
been concealed therefrom.	,		-				
Signature of Authorised Signatory							
Full Name (first name, middle, surname)							
Designation / Status							

1 lacc													
Date													
	D	ay	Mor	nth	Y	ear							