

Government of India / State.  
Department of.....

**Form GST CMP -01**  
[See Rule -----]

**Application to Opt for Composition Levy**

(Only for persons registered under existing Law, migrating on the appointed day)

1. GSTIN / Provision ID		
2. Name of Business (Legal)		
3. Trade name, if any		
4. Address of Principal Place of Business		
5. Category of Registered Person < Select from drop down>		
(i)	Manufacturers, other than manufacturers of such goods as notified by the Government	<input type="checkbox"/>
(ii)	Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II	<input type="checkbox"/>
(iii)	Any other supplier eligible for composition levy.	<input type="checkbox"/>
6. 6. Financial Year for which composition scheme is opted		2017-18
7. Jurisdiction	Centre	State
8. Declaration – I hereby declare that aforesaid business shall abide by the conditions and restrictions specified for opting composition.		
9. Verification I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.  Signature of Authorized Signatory  Name  Place Date  Designation / Status		

Government of India / State....  
Department of.....

**Form GST CMP -02**  
[See Rule----]

**Application to Opt for Composition Levy**  
(For persons registered under the GST)

1. GSTIN		
2. Name of Business (Legal)		
3. Trade name, if any		
4. Address of Principal Place of Business		
5. Category of Registered Person < Select from drop down>.		
(i)	Manufacturers, other than manufacturers of such goods as may be notified by the Government	<input type="checkbox"/>
(ii)	Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II	<input type="checkbox"/>
(iii)	Any other supplier eligible for composition levy.	<input type="checkbox"/>
6. Financial Year for which composition scheme is opted		
7. Jurisdiction	Centre	State
8. Declaration – I hereby declare that aforesaid business shall abide by the conditions and restrictions specified for opting composition.		
9. Verification I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.  Signature of Authorized Signatory  Name  Place Date  Designation / Status		

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**Form GST –CMP-03**  
[See Rule---]

**Intimation of Stock details as on date of Opting for Composition Levy**  
(Only for persons registered under existing Law, migrating on the appointed day)

1. GSTIN						
2. Name of Business (Legal)						
3. Trade name, if any						
4. Address of Principal Place of Business						
5. Details of application filed to opt for composition scheme		(i) Application reference number (ARN)				
		(ii) Date of filing				
6. Jurisdiction		Centre	State			
7(a). Input Tax Credit on Opening Stock purchased from registered persons, lying on the day preceding the date from which the person opts to pay tax as composition levy  (Details at Sr. No. 8)	<b>Description</b>	<b>Value (Rs.)</b>	<b>Amount of input tax credit taken (Rs.)</b>			
			VAT	CX	ST(if applicable)	Total
	(i) Trading / finished products					
	(ii) Semi-finished goods					
	(iii) Packaging Material					
	(iv) Raw Material					
	<b>Sub Total</b>					
7 (b). Tax payable on Opening Stock purchased from the un-registered persons, lying on the day preceding the date from which the person opts to pay tax as composition levy  (Detail at Sr. No. 9)	<b>Description</b>	<b>Value (Rs.)</b>	<b>Amount of tax payable (Rs.)</b>			
			CGST	SGST/UTGST	Total	
	(i) Trading Stock					
	(ii) Packaging Material					
	(iii) Raw material					
	<b>Sub Total</b>					
7 (c). Detail of tax paid	Amount	-				
	Debit entry no.					

8. Stock of purchases made from registered taxpayer

Sr. No	GSTIN/TIN	Name of the supplier	Bill/ Invoice No.	Date	Taxable Value (Rs)	VAT	CX	ST(if applicable)	Total
1	2	3	4	5	6	7	8	9	10
1									
2									
<b>Total</b>									

9. Stock of purchases made from unregistered taxpayer

Sr. No	Name of the Unregistered Taxpayer	Address	Bill/ Invoice No	Date	Taxable Value (Rs)	CGST	SGST / UTGST	Total
1	2	3	4	5	6	7	8	9
1								
2								
<b>Total</b>								

10. Verification

I \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of Authorized Signatory

Name

Place  
Date

Designation / Status

Government of India / State....  
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**Form GST – CMP-04**

[See Rule ----- ]

**Application for Withdrawal from Composition Levy**

1. GSTIN / Provision ID					
2. Name of Business (Legal)					
3. Trade name, if any					
4. Address of Principal Place of business					
5. Category of Registered Person					
(i)	Manufacturers, other than manufacturers of such goods as may be notified by the Government	<input type="checkbox"/>			
(ii)	Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II	<input type="checkbox"/>			
(iii)	Any other supplier eligible for composition levy.	<input type="checkbox"/>			
6. Nature of Business					
7. Date from which withdrawal from composition scheme is sought			DD	MM	YYYY
8. Jurisdiction		Centre	State		
9. Reasons for withdrawal from Composition scheme					
10. Verification					
I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.					
Signature of Authorized Signatory					
Name					
Place					
Date					
Designation / Status					

Note – Stock statement may be furnished separately for availing input tax credit on the stock available on the date preceding the date from which composition option is withdrawn in **FORM GST ITC -01**.