

Department of -----  
Government of -----  
(State with which the applicant wants to enrol)

**Form GST TRP - 4**

[See Rule ----]

Reference No << Reference Number >>

<< Date >>

To

(Name of the Taxable person) (As mentioned in the registration application)

(Address of the Taxable person) (As mentioned in the registration application)

Enrollment Number

Application Reference No. (ARN) (Latest)

Dated – DD/MM/YYYY

**Order of Rejection of Application for enrolment as Tax Return Preparer/**

**Or**

**Disqualification to function as Tax Return Preparer**

This is with reference to your enrolment application referred above, filed under the ---- Goods and Services Tax Act, 2016. The Department has examined your application and the same has not been found satisfactory for the following reasons: -

1

2

3

....

If you are not satisfied with the order, you can file an appeal in accordance with the provisions of the Act.

[Signature (digital)]

Name  
(Designation)