| Department of --------------- Government of --------------- (State with which the applicant wants to enroll) |
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**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) EnrollmentNumber 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) |
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