| 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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