### 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/ N	lumb	er															
	Area/ Road																		
	Locality/ Ma	rket		Ī															
	Pin Code																		
4. Amount of refund cla	aimed (Rs.)								IC	3ST		(	CGS	Т		SG	ST		
5. Ground for claiming	g refund																		
(provide reasons		tach																	
additional sheets, if [Attach /uploa	requirea) id suppoi	rting																	
documents)	заррог	umg																	
			•																
6. Tax Period for wh	nich From							T	o'										
refund claimed		do	d	mm		у	y			d	d	n	nm		уу				
7. Details of Bank Acc	ount																		
i) Bank Account N	lo.																		
ii) Bank Account T	ype																		
iii) Operated in the	name of																		
iv) Name & Addres	ss of Bank/Bra	nch																	
v) MICR No. / IFS	SC																		

8. Verificat	tion																					
I/We												he	reby	sole	mnly	aff	īrm	and	dec	lare	that	the
information	n giv	en he	ereii	nabov	e is t	rue	anc	d co	rrec	et to	the b	est o	of my	our l	know	ledge	e and	l beli	ief an	id no	thing	has
been conce	aled	there	efror	n.																		
Signature o	of Au	thori	sed	Signa	itory					-												
Full Name	(fir.	st na	me,	middi	le, su	rna	me)			-												
Designation	n / St	atus								-												
Place																						
Date																						
	D	ay		Moı	nth			Υe	ear													

# ANNEXURE-V

		Dej	partment	t of													
		Gov	vernmen	t of													
			Form														
Reference No.			[ See 1	tuic	J	Ι	Date -										
R	efund or	der unde	r G	oods	& Se	ervices	s Tax	( <b>A</b> (	ct,	-							
1. GSTIN																	
		1		T													
2. Full Name of Tax Payer													4			$\perp$	
													$\perp$				
		1.11 3.7	/27	,							1 1				T	_	
3. Tax Payer's address	-	lding Nar	ne/ Nun	nber				+						_	<u> </u>		
		a/ Road	rleat					+							<u> </u>		
	-	ality/ Ma Code	IKCI											<u> </u>			
	1 111	Couc															
4. Receipt No. & date																	
of refund application		Receip	t No				Rec	eip	t date	-							
5. Act	Tick	one one	□ IGS	T		□ C(	GST			sG	ST						
6. Type of refund application	n Tick	one one	□ Ret	urn ty	pe	□ Re	eturn	typ	e 🗆	Αp	plic	atio	on_				
Note - Return ty	pe can be i	egular & o	composit	ion (sa	ay, GS	ST-20,2	21) et	c.									
7. Tax Period for which	From						To	,						Т	1		
refund claimed		dd	mm		уу				dd		mm	1			уу		
L																	
8. Refund calculation										A	moı	unt	(Rs	.)			
(i) Refund claimed													$\square$	$\dashv$	$\downarrow$	4	
(ii) Refund reduced, if a													$\square$	$\perp$	$\downarrow$	$\perp$	
(iii) Refund allowed (i –													$\dashv$	$\dashv$	$\dashv$	$\downarrow$	
(iv) Interest due in case	of delayed	d paymen	t of refu	nd									1				

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 Period	Amount (reduction /	Order No.	Order date	Balance demand, if 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 -- ]

2. Tax Period for which refund claimed															
[To be used on	ly by Embass	sies, Inte	rnational	and l	Publi	c Or	ganisa	tions	anc	d the	ir O	ffici	als]		
1. Registration No.															
2. Tax Period for w	hich From						To								
refund claimed		dd	mm		уу			dd		mn	1		УУ	7	
	-	·	<u>'</u>				'								
3. Full Name of Emba	assy / Organisa	ation /													
	, .														
L							<u> </u>								
4. Address of	Building N	ame/ Nur	nber												
Embassy /	,														
Organisation															
	Email Id														
	Telephone	Number													
	Fax Number	er													
									l			1	l		
5. Entry Number of	Schedule ur	nder whic	h the appl	icant	is elis	gible	to clai	m refi	und						
0			FF			5									
( A	-1-: 1 (D-)					ICC	Т			VOT.			0.0	OT	
6. Amount of refund of (As per invoice detail)	` `	w)			T	IGS	1		CG	191		303		51	
(715 per mivolee detail	provided belov	** /													

# 7. Details of purchases of tax paid goods in respect of which refund of tax is sought

Sr. No.	Invoice	Invoice	Supplier's	Supplier's				Tax (Rs.)							
	date	No.	GSTIN	Name	(excl	uding ta	x)	IGS			CG		S	GS	
1	2	3	4	5		6			7			8		ç	)
													<del> </del>		_
Total															
Ω Deta	ils of Ban	ık Account	Bank Account N	lumber	<del></del>										
in whice	ch refund	should be	Bank Account T							+					
remitted			Operated in the												
			MICR / IFSC												
			Name of Bank												
			Address of Bran	ch											
9. Verif	ication														
I/We					hereby	solem	nlv	aff	irm	and	de	clare	ths	at ·	the
informa	tion given		e is true and corre												
Signatu	re of Auth	orised Signa	tory												
Full Na	me (first	name, middl	e, surname)												
Designa	ation / Stat	us													
Place															
						1 1		1			1				

Year

Date

Month

Day