

FORM GST CPD-02*[See rule 162(3)]*

Reference No:

Date:

To

GSTIN/ID -----

Name-----

Address -----

ARN -----

Date –

Order for rejection / allowance of compounding of offence

This has reference to your application referred to above. Your application has been examined in the department and the findings are as recorded below:

<< text >>

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I am satisfied that you fulfil the requirements to be allowed to compound the offences in respect of the offences stated in column (2) of the table below on payment compounding amount indicated in column (3):

Sr. No.	Offence	Compounding amount (Rs.)
(1)	(2)	(3)

Note: In case the offence committed by the taxable person falls in more than one category specified in Column (2), the compounding amount shall be the amount specified in column (3), which is the maximum of the amounts specified against the categories in which the offence sought to be compounded can be categorized.

You are hereby directed to pay the aforesaid compounding amount by ----- (date) and on payment of the compounding amount, you will be granted immunity from prosecution for the offences listed in column (2) of the aforesaid table.

or☐

our application is hereby rejected.

Signature

Name

Designation