

**FORM GST REG-22**

*[See rule 23(2)]*

Reference No. -

Date

**To**

GSTIN/UIN

(Name of Taxpayer)

(Address)

Application Reference No. (ARN)

Date

**Order for revocation of cancellation of registration**

This has reference to your application dated DD/MM/YYYY for revocation of cancellation of registration. Your application has been examined and the same has been found to be in order. Accordingly, your registration is restored.

Signature  
Name of Proper  
officer  
(Designation)  
Jurisdiction –

Date  
Place