

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

The GST Officer

[Office Address]  
[City, State, Zip Code]

Subject: Application for Cancellation of GST Registration

Dear Sir/Madam,

I, [Your Name], holding GSTIN [Your GSTIN Number], hereby request the cancellation of my GST registration. The details are as follows:

1. Name of the Registered Person: [Your Name/Business Name]
2. GSTIN: [Your GSTIN Number]
3. Reason for Cancellation: [Specify reason, e.g., business closure, change of ownership, etc.]

I have cleared all dues related to GST and have filed all necessary returns up to date. Kindly process my application for cancellation of GST registration at the earliest.

Thank you.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]