

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

To,

The GST Officer

[GST Department Address]

[City, State, ZIP Code]

Subject: Application for GST Registration Cancellation

Dear Sir/Madam,

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

**\*\*Name of the Business:\*\*** [Your Business Name]

**\*\*GSTIN:\*\*** [Your GST Number]

**\*\*Reason for Cancellation:\*\*** [State your reason here]

I am enclosing the necessary documents for your reference. Kindly process my application for cancellation at your earliest convenience.

Thank you for your cooperation.

Yours faithfully,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Designation, if applicable]

[Your Business Name]