

**Form GST REG-22**

*[See Rule --- ]*

Reference No. -

Date

**To**

GSTIN/Unique ID

(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