## FORM GST CPD-01

#### [See rule 162(1)]

# Application for Compounding of Offence

1.	GSTIN / Temporary ID
2.	Name of the applicant
3.	Address
4.	The violation of provisions of the Act for which
	prosecution is instituted or contemplated
5.	Details of adjudication order/notice
	Reference Number
	Date
	Tax
	Interest
	Penalty
	Fine, if any
6.	Brief facts of the case and particulars of the offence (s)
	charged:
7.	Whether this is the first offence under the Act
8.	If answer to 7 is in the negative, the details of previous
	cases
9.	Whether any proceedings for the same or any other offence
	are contemplated under any other law.
10.	If answer to 9 is in the affirmative, the details thereof

### DECLARATION

- (1) I shall pay the compounding amount, as may be fixed by the Commissioner.
- (2) I understand that I cannot claim, as a matter of right, that the offence committed by me under the Act shall be compounded.

Signature of the applicant

Name

#### FORM GST CPD-02

[See rule 162(3)]

Reference No:

Date:

То

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 >>

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

Your application is hereby rejected.

Signature Name Designation