FORM GST APL - 03

[See rule 109(1)]

Application to the Appellate Authority under sub-section (2) of Section 107

1. Name and designation of the appellant Name-

Designation-

Jurisdiction-State/Center-

Name of the State-

- 2. GSTIN/ Temporary ID /UIN-
- 3. Order no.

Date-

- 4. Designation and address of the officer passing the order appealed against-
- 5. Date of communication of the order appealed against-
- 6. Details of the case under dispute-
 - (i) Brief issue of the case under dispute-
 - (ii) Description and classification of goods/ services in dispute-
 - (iii) Period of dispute-
 - (iv) Amount under dispute-

Description	Central tax	State/ UT	Integrated	Cess
		tax	tax	
a) Tax/ Cess				
b) Interest				
c) Penalty				
d) Fees				
e) Other charges				

- 7. Statement of facts-
- 8. Grounds of appeal-
- 9. Prayer-

10. Amount of demand in dispute, if any -

Particulars of	Par	ticulars	Central	State/UT	Integrated	Cess	Total	
demand/refund,			tax	tax	tax		amo	ount
if any	Amount of demand created, if any (A)	a) Tax/ Cess b) Interest					<pre> < total</pre>	< total >

					<	
	c) Penalty				total	
					>	
	1. 17				<	
	d) Fees				total	
					>	
	e) Other	< total				
	charges) >	
					<	
	a) Tax/			total		
	Cess				>	
	b) Interest				<	
					total	
Amount					>	
under					<	<
dispute (B)	c) Penalty	Penalty		total	total	
					>	>
	d) Fees				<	
					total	
					>	
	e) Other				<	
	charges				total	
					>	

Place:
Date:

Signature>

Name of the Applicant Officer:

Designation:

Jurisdiction: