FORM-GST-RFD-01 B

[See rules 91(2), 92(1), 92(3), 92(4), 92(5) and 97A]

Refund Order details

1.	ARN																									
2.	GSTIN / Temporary ID																									
3.	Legal Name																									
4.	Filing Date																									
5.	Reason of Refund																									
6.	Financial Year																									
7.	Month																									
8.	Order No.:																									
9.	Order issuance Date:																									
10.	Payment Advice No.:																									
11.	Payment Advice Date:																									
12.	- A 12 15						Drop down: Taxpayer / Consumer Welfare Fund																			
13.																										
14.																										
15.							Drop Down: RFD- 04/ 06/ 07 (Part A)																			
16.	Deta	ils c	of Re	fund	l Am	ount	(As	per t	he m	nanu	ally i	issue	ed O	rder)):											
Descri	Details of Refund Amou Integrated Tax						Central Tax State/ UT tax												Cess							
ption																										
	Tax	Interest	Penalty	Fees	Others	Total	Tax	Interest	Penalty	Fees	Others	Total	Tax	Interest	Penalty	Fees	Others	Total	Tax	Interest	Penalty	Fees	Others	Total		
a. Refu nd amou nt claim ed																										
b. Refu nd Sanct ioned on provi siona l basis																										
c. Rem ainin g Amo unt																										

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d. Refu																								
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e. Gros																								
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f. Inter																								
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ng																								
law																								
or																								
under																								
the																								
Act																								
h. Net																								
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nt to																								
be																								
paid																								
17.	Attachments (Orders)								RFD-04; RFD- 06; RFD 07 (Part A)															
Date:										Signature (DSC):														
Place:									Nam	e.	. (/•												
1 1000.									Name:															
									Designation: Office Address:															
1	Offic										uuit	33.												