GOODS AND SERVICES TAX RULES, 2017 ADVANCE RULING FORMATS

List of Forms

Sr. No.	Form No.	Description
1.	GST ARA-01	Application Form for Advance Ruling
2.	GST ARA-02	Appeal to the Appellate Authority for Advance Ruling

Form GST ARA -01

[See Rule -----]

Application Form for Advance Ruling

1.	GSTIN Number, if any/ User-id				
2.	Legal Name of Applicant				
3.	Trade Name of Applicant (Optional)				
4.	Status of the Applicant [registered / un- registered]				
5.	Registered Address / Address provided while obtaining user id				
6.	Correspondence address, if different from above				
7.	Mobile No. [with STD/ISD code]				
8.	Telephone No. [with STD/ISD code]				
9.	Email address				
10.	Jurisdictional Authority	< <name, address="" designation,="">></name,>			
11.	i. Name of authorized representative		Optional		
	ii. Mobile No.		iii. Email Address		
12.	Nature of activity(s) (proposed / present) in		of which advance ru	ling sought	
	A. Category				
	Factory / Manufacturing	Wholesale Business		Retail Business	
	Warehouse/Deport	Bonded Warehouse		Service Provision	
	Office/Sale Office	Leasing Business SEZ		Service Recipient	
	EOU/ STP/ EHTP			Input Service Distributor (ISD)	
	Works Contract				
	B. Description (in brief)		(Provision for file attachment also)		
13.	Issue/s on which advance ruling required (Tick whichever is applicable) :-				
	(i) classification of goods and/or services or both		¢		

	(ii) applicability of a notification issued under the provisions of the Act	¢		
	(iii) determination of time and value of supply of goods or services or both	¢		
	(iv) admissibility of input tax credit of tax paid or deemed to have been paid	¢		
	(v) determination of the liability to pay tax on any goods or services or both	¢		
	(vi) whether applicant is required to be registered under the Act	¢		
	(vii) whether any particular thing done by the applicant with respect to any goods and/or services or both amounts to or results in a supply of goods and/or services or both, within the meaning of that term	¢		
14.	Question(s) on which advance ruling is required			
15.	Statement of relevant facts having a bearing on the question(s) raised.			
16.	Statement containing the applicant's interpretation of law and/or facts, as the case may be, in respect of the aforesaid question(s) (i.e. applicant's view point and submissions on issues on which the advance ruling is sought).			
17.				
	 a. Already pending in any proceedings in the applicant's case under any of the provisions of the Act b. Already decided in any proceedings in the applicant's case under any of the provisions of the Act 			
18.	Payment details	Challan Identification Number (CIN) – Date -		

VERIFICATION

I, ______ (name in full and in block letters), son/daughter/wife of ______ do hereby solemnly declare that to the best of my knowledge and belief what is stated above and in the annexure(s), including the documents are correct. I am making this application in my capacity as ______ (designation) and that I am competent to make this application and verify it.

Signature

Place _____

Date _____

Name of Applicant/Authorized Signatory

Designation/Status

Form GST ARA -02 [See Rule -----]

Appeal to the Appellate Authority for Advance Ruling

Sr. No.	Particulars	Remarks			
1	Advance Ruling No.				
2	Date of communication of the advance ruling	DD/MM/YYYY			
3	GSTIN / User id of the appellant				
4	Legal Name of the appellant.				
5	Trade Name of the appellant (optional).				
6	Address of appellant at which notices may be sent				
7	Email Address of the appellant				
8	Mobile number of the appellant				
9	Jurisdictional officer / concerned officer				
10	Designation of jurisdictional officer / concerned officer				
11	Email Address of jurisdictional officer / concerned officer				
12	Mobile number of jurisdictional officer / concerned officer				
13	Whether the appellant wishes to be heard in person?	Yes/No			
14.	The facts of the case (in brief)				
15.	Ground of Appeal				
16.	Payment details	Challan Identification Number (CIN) – Date -			
	Prayer				
	Appellate Authority, <place> the Authority for Advance d fit and proper in facts and ll every pray.</place>				

VERIFICATION

I, ______ (name in full and in block letters), son/daughter/wife of ______ do hereby solemnly declare that to the best of my knowledge and belief what is stated above and in the annexure(s), including the documents are correct. I am making this application in my capacity as ______ (designation) and that I am competent to make this application and verify it.

Signature

Place _____

Name of Appellant/Authorized Signatory

Date____

Designation/ Status

Form GST ARA -03 [See Rule -----]

Appeal to the Appellate Authority for Advance Ruling

Sr. No.	Particulars	Remarks			
1	Advance Ruling No.				
2	Date of communication of the advance ruling	DD/MM/YYYY			
3	GSTIN, if any / User id of the person who had sought advance ruling				
4	Legal Name of the person referred to in serial number 3.				
5	Name and designation of jurisdictional officer / concerned officer				
6	Email Address of jurisdictional officer / concerned officer				
7	Mobile number of jurisdictional officer / concerned officer				
8	Whether the jurisdictional officer / concerned officer wishes to be heard in person?	Yes/No			
9.	Facts of the case (in brief)				
10.	Grounds of Appeal				
	Prayer				
	 In view of the foregoing, it is respectfully prayed that the Ld. Appellate Authority, <place> may be pleased to: a. set aside/modify the impugned advance ruling passed by the Authority for Advance Ruling as prayed above; b. grant a personal hearing; and c. pass any such further or other order (s) as may be deemed fit and proper in facts and circumstances of the case. </place> 				

VERIFICATION

I, ______ (name in full and in block letters), son/daughter/wife of ______ do hereby solemnly declare that to the best of my knowledge and belief what is stated above and in the annexure(s), including the documents are correct. I am making this application in my capacity as ______ (designation) and that I am competent to make this application and verify it.

Signature

Place _____

Date_____

Name and designation of the concerned officer / jurisdictional officer