## FORM-GST-RFD-07

[See rule 92(1), 92(2) \& 96(6)]
Reference No.
Date: <DD/MM/YYYY>
To
$\qquad$ (GSTIN/UIN/Temp.ID No.)
$\qquad$ (Name)
$\qquad$ (Address)
Acknowledgement No. $\qquad$ Dated. $\qquad$ <DD/MM/YYYY>......

## Order for Complete adjustment of sanctioned Refund

## Part- A

Sir/Madam,
With reference to your refund application as referred above and further furnishing of information/filing of documents against the amount of refund sanctioned to you has been completely adjusted against outstanding demands as per details below:

|  | Refund Calculation | Integrated <br> Tax | Central <br> Tax | State/ UT <br> Tax | Cess |
| ---: | :--- | :---: | :---: | :---: | :---: |
| i. | Amount of Refund claimed |  |  |  |  |
| ii. | Net Refund Sanctioned on Provisional Basis <br> (Order No...date) |  |  |  |  |
| iii. | Refund amount inadmissible rejected <br> <<reason dropdown>> |  |  |  |  |
| iv. | Refund admissible (i-ii-iii) |  |  |  |  |
| v. | Refund adjusted against outstanding demand <br> (as per order no.) under existing law or under <br> this law. . Demand Order No......date...... <br> <Multiple rows may be given> |  |  |  |  |
| vi. | Balance amount of refund | Nil | Nil |  | Nil |

I hereby, order that the amount of claimed / admissible refund as shown above is completely adjusted against the outstanding demand under this Act / under the existing law. This application stands disposed as per provisions under sub-section (...) of Section (...) of the Act.

OR

## Part-B

## Order for withholding the refund

This has reference to your refund application referred to above and information/ documents furnished in the matter. The amount of refund sanctioned to you has been withheld due to the following reasons:


Reasons for withholding of the refund:
$\langle<$ Text $\gg$

I hereby, order that the amount of claimed / admissible refund as shown above is withheld for the above mention reasons. This order is issued as per provisions under sub-section (...) of Section (...) of the Act.

Date:
Place:

Signature (DSC):
Name:
Designation:
Office Address:

