

Government of Sindh Sindh Revenue Board Sign up Form for SRB Withholdling Agents

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	1	Sheet No.	of	Token No. N			
	2			/ithholding Agent not holding any SNTN	Change in Particulars	NTN	
negisti y	3	Authorization Sindh Revenue Board is authorized to obtain my registration/enrollment particulars from FBR and other Provincial Revenue authorities of Revenue This option is applicable only to trappyers already registered with FBR, and authoriting SRB Portal to transfer the registration particulars from FBR Portal.					
	4 5	Catogery	Company Indi	_		Gender Male Female	
	6	CNIC/PP No.		[For Individual only, Non-Resident to write Passport (PP) No.]			
	7	Address	Registered office Address for Company and Mailing/Business Address for individual & AOP, for all correspondence				
			Office/Shop/House/Flat/Plot No.	Street/ Lane/ Plaza/ Floor/ Village		Block/ Mohala/ Sector/ Road/ Postal Office/ etc.	
			Province	District	City/Taluka (with zip code)	Area/Town	
	8	Principal Service	to be received			Service Code	
	9	Rep. Type	O self	O Authorized Pe	erson u/s 67 In Capacity as		
n/2 0/	10	CNIC/ NTN		Name			
il cui s	11	Address	Office/Shop/House/Flat/Plot No.	Street/Lane/Plaza/Floor/Village		Block/ Mohala/ Sector/ Road/ Post Office/ etc	
2		_	Province	District	City/Taluka	Area/Town	
J P	12	Phone	Area Code Number	Mobile An	ea Code Number	Fax Area Code Number	
	13	E-Mail				(e-Mail address for all correspondence)	
s) suggestionners) na uculais	14	I, the undersigned solemnly declare that to the best of my knowledge and belief the information given above is correct and complete in all respects. It is further declared that any letter or information or notice sent on the e-mail address or the address given in the registry portion will be accepted as served under the law. I also hereby authorize Sindh Revenue Board to obtain my registration data from Federal Board of Revenue and other provincial tax administrations.					
DIECTO		Date	CNIC/Pass	port No	Name of Applicant	Signature	
iicial Aica	15	NTN already allo	tted by FBR	User Id al	lotted by SRB	_	
5		Date		Tax Office		Signature of Issuing Officer	