



**Government of Sindh
Sindh Revenue Board
De-Signing for Withholding Agents**

SSTW-02

1	NTN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Sheet No. <input type="text"/> of <input type="text"/>)	Acknowledgment No.	No. <input type="text"/>
2	Category :	<input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> AOP			
3	Status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident			
4	CNIC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	for individual only		
5	Reg./ Inc. No.	_____ for company & registered AOP only			
6	Name :	_____ Trade Name : _____			
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 / Mohalla / Sector / road / post office etc.	
		Province	District	City / Taluka (with zip code)	Area Town
		e-mail address	Telephone Number		
8	<input type="checkbox"/> Ceased to carry on business				
9	<input type="checkbox"/> Services (to be relieved) has become exempt or non-taxable in Sindh (Give details)				
10	<input type="checkbox"/> Merger with an other company or firm or business (Attach evidence)				
11	<input type="checkbox"/> Transfer or sale of business (Attach evidence) with NTN of the Transferee or the buyer				
12	<input type="checkbox"/> Other (Please describe)				
13	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, information or notice sent on the e-mail / address, given in the registry portion, will still be accepted as served under the law. I request for the de-registration of my name.				
14	Date			Name of Applicant (with designation)	
				Signature	

Registry

Reasons for De-Signing

Declaration