

## 4[Form II

### Letter of Authorization

I, \_\_\_\_\_ S/o \_\_\_\_\_  
(full name) (Father's name)  
holder of CNIC No. \_\_\_\_\_ and NTN \_\_\_\_\_ do hereby declare that:-

(1) I am the \_\_\_\_\_ in M/s \_\_\_\_\_  
(designation) (Business name)  
(NTN \_\_\_\_\_) having its office/head office/registered office at \_\_\_\_\_

(2) I am fully competent and duly authorized by the said M/s \_\_\_\_\_  
(  
to sign and submit this letter of authorization on behalf of the said  
M/s \_\_\_\_\_.

(3) I do hereby authorize Mr./Ms/Messer, \_\_\_\_\_ holder of Sind Tax  
registration Number: SNTN: \_\_\_\_\_ to represent before the Sindh Revenue Board /  
Appellate Tribunal/Commissioner (Appeals)/Deputy Commissioner/Assistant Commissioner on  
behalf of the said M/s \_\_\_\_\_ for representing their case (*give  
notice/SCN/Appeal/letter reference number*) and for appearing for hearing on \_\_\_\_\_  
till the decision of the case (*cross out whichever is not applicable*) or till the withdrawal of this  
authorization, whichever earlier.

(4) I also affirm and certify that the authorized person fulfills the conditions of an authorized  
representative under Chapter VII of the Sindh Sales Tax on Services Rules, 2011.

Signature. \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

CNIC No. \_\_\_\_\_

Tele. No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Company/Firm \_\_\_\_\_

Service Provider's \_\_\_\_\_

Official Stamp \_\_\_\_\_