



**Government of Sindh  
Sindh Revenue Board  
Fund Payment Challan Form**



NTN No.

STN No.

Tax Period Year

Name

Address

**Fund Payments**

Head of Account

Sindh Workers Welfare Fund

Sr.	Description of Payment, whichever is applicable	Amount in Pak Rs.
1	Fund Contribution	
2	Default Surcharge/Others	
3	Arrears	
4	Penalty/Fine	
<b>Total of Payment</b>		

Amount in Words \_\_\_\_\_

**Mode & Particulars of Payment**

Mode of Payment  Cash  Cheque  Pay Order  Demand Draft

Cheque/Pay Order/Drfat No. \_\_\_\_\_ Date \_\_\_\_\_

Bank/Branch Name/City/Br-Code \_\_\_\_\_

**DECLARATION OF DEPOSITOR**

I hereby declare that the particulars mentioned in this tax payment challan are correct to the best of my knowledge and belief.

Name \_\_\_\_\_

CNIC

Date

(DD-MM-YYYY)

\_\_\_\_\_  
Signature of Depositor