



Government of Sindh
Sindh Revenue Board
Fund Payment Challan Form



NTN No.

Tax Period Year

Name

Address

Fund Payments

Head of Account

WORKER PROFIT PARTICIPATION FUND (SINDH)

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

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