

Guideline Regarding the Submission of Forms

This document will guide you regarding the submission of Following form available in the Various Tariff Heading.

Only that taxpayer who are registered in respective tariff headings will be enabled to e-File this Form online, by using following screens, after entering the details of witness, as required in the following Forms:

- Forms-B
- Forms-C
- Form-G
- Form- I
- Form-L
- Form -S
- Any other relevant form

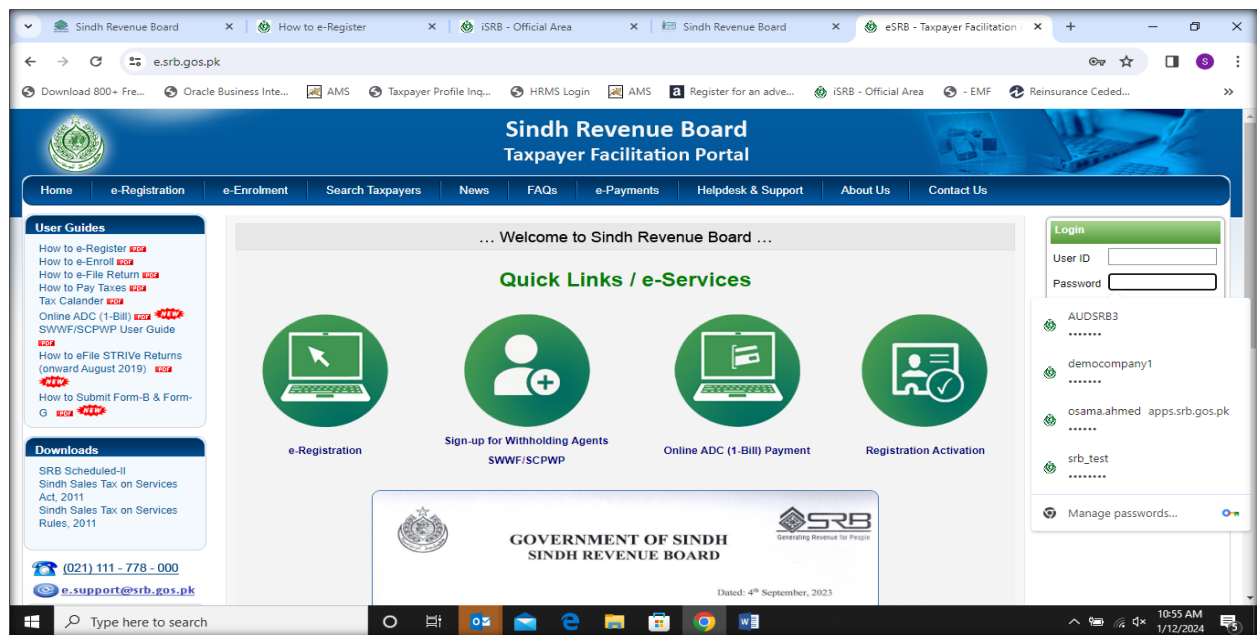
Please follow below steps to successfully file the respective form:

Table of Content:

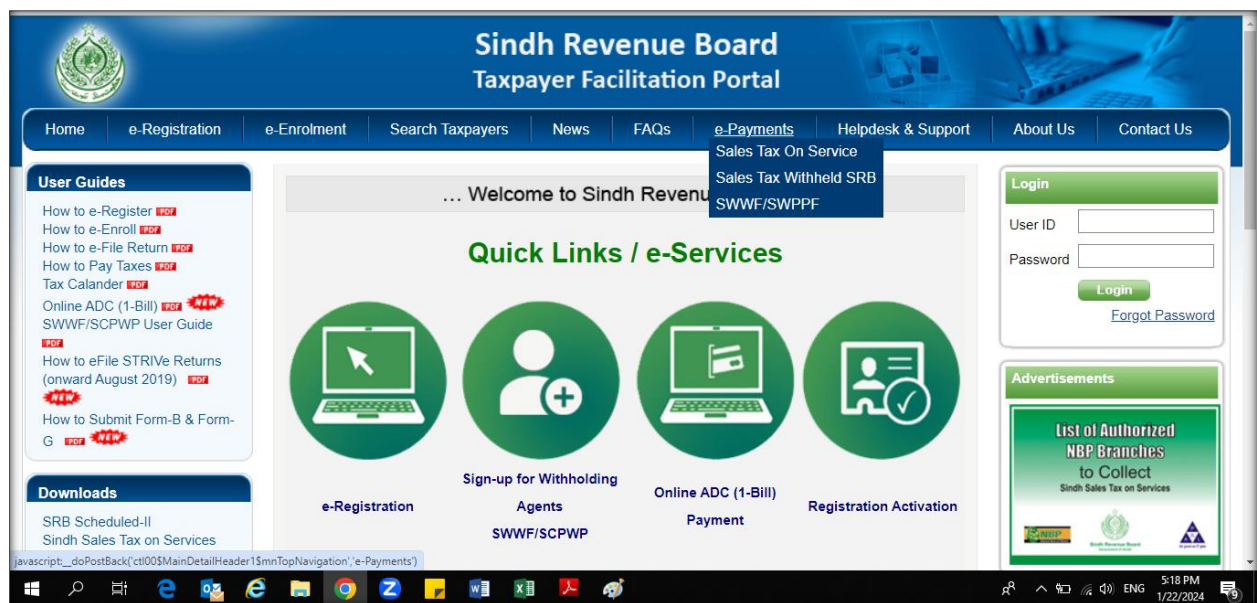
S.no	PARTICULARS
1	Step 1: Access the SRB e-Payment Portal
2	Step 2: Navigate to the "Registration" section and choose the relevant form
3	Step 3: Fill in the details for the two witnesses, including their names and CNIC
4	Step 4: Verify the information entered and then proceed to the final submission of the form
5	Step 5: After the final submission, print a copy of the completed form for your records

Step 1: Access SRB e-Payment Portal

Open your web browser and navigate to the SRB e-Payment portal at [\(https://e.srb.gos.pk/\)](https://e.srb.gos.pk/).



On the portal's landing page, locate and click on the "e-Payments" tab.



Step 2: Navigate to the "Registration" section and choose the relevant form

Browser address bar: e.srb.gos.pk/Reg/Forms.aspx

Sindh Revenue Board
Taxpayer Facilitation Portal

eCBR Demo Company
(Last Login: 19-Feb-2024, 2:16 PM)

Home Administration **Registration** Declaration Requests e-Payments Logout

S8000007-0 - COY (SRB OF) Enrollment IMRAN@123

FORM- F

Election/option of the person providing (from a non-resident service provider based in a country outside Pakistan) and/or the person providing or rendering the franchise services (tariff headings 9823.0000 or intellectual property services (tariff heading 9823.0000) for the payment of tax at 13% (instead of the reduced rate of 10%) under the Special Procedure prescribed in rule 36 of the Sindh Sales Tax on Services Rules, 2011.

I, **FOREIGNER** S/o , holder of Form S and SNTN **8000007-0** do hereby declare that:-

(1) I am the **Principal Officer** of **PRAL GHFGHFG** (SNTN **8000007-0**) having its office/head office/ registered office at **HOUSE # 24 GULSHAN-E-IQBAL BLOCK 16, ISLAMABAD** which is engaged in the economic activity/provision of services as classified under tariff heading 9823.0000.

(2) I am fully competent and duly authorized by the said M/s. **PRAL GHFGHFG** to sign and submit this form of election or option on behalf of the said M/s **PRAL GHFGHFG** to be governed by the provisions of the Proviso to rule 36(6) of the Sindh Sales Tax on Services Rules, 2011.

(3) I do hereby declare and affirm that the said M/s **PRAL GHFGHFG** (SNTN **8000007-0**) elect and opt to be governed by the provisions of the proviso to rule 36(6) of the Sindh Sales Tax on Services Rules, 2011, and that the said M/s **PRAL GHFGHFG** (SNTN **8000007-0**) shall pay Sindh sales tax at the statutory rate of 13% (instead of the reduced concessionary rate of 10%) .

Signature. _____

Date. _____

Name **FOREIGNER**

CNIC No. **9999996**

Tele. No. **+92.342.2541192**

Cell Phone No. **+92.342.2541192**


Company/Firm/Service provider's Name **PRAL GHFGHFG**

Stamp _____

Windows taskbar: Type here to search, 28°C, 2:45 PM, 2/19/2024

Step 3: Fill in the details for the *two witnesses*, including their names and CNIC

← → ↻ e.srb.gos.pk>Returns/VAT_2018_2019/VATReturn10.aspx ☆ 1



Sindh Revenue Board

Taxpayer Facilitation Portal

eCBR Demo Company
(Last Login: 14-Feb-2020, 3:30 PM)

Home Administration Registration Declaration Requests e-Payments Logout

S8000007-0 - COY (SRB Office) IMRAN

Print this Page

Sales Tax (Control Center)

Tax Period
Monthly

[Sales Tax on Services Return](#)

[Form G](#)

Government of Sindh
Sindh Revenue Board
Sales Tax on Services Return
Current N°

SNTN
S8000007-0

Name
BAAL GHFGHFG

Tax Period

Normal ☐ **Amended** ☐

Submission Date

CNIC in case of
Individual

COY/AOP/IND
COMPANY

Service Category
HEALTHCARE CENTRE, GYMS OR PHYSICAL FITNESS CENTRE, ETC

Tax Office
SRB-Karachi

Principal Service
HEALTHCARE CENTRE, GYMS OR PHYSICAL FITNESS CENTRE, ETC

Service Code
9821.1000

FORM G

Witness Name

Witness CNIC

Sr.No	Witness Name	Witness CNIC	Edit	Print
1	SYED MUHAMMAD SHAHAB	XXXXXXXXXXXXXX	<input type="button" value="Edit"/>	<input type="button" value="Print"/>
2	ASIF IQBAL	XXXXXXXXXXXXXX	<input type="button" value="Edit"/>	<input type="button" value="Print"/>

Step 4: First **Verify** the information entered and **then** proceed to the final submission of the form.

Browser address bar: e.srb.gos.pk/Reg/Forms.aspx

Navigation: Home Administration Registration Declaration Requests e-Payments Logout

SRB Office: SRB Office

FORM-B

Election/option of the person providing or rendering services as are classified under tariff headings 9810.1000, 9821.4000 and 9821.5000 of the Second Schedule to the Act, for payment of tax at the further reduced rate of 5% (instead of the effective reduced rate of 10%) under the Special Procedure prescribed in rule 42C of the Sindh Sales Tax on Services Rules, 2011

I, **FOREIGNER** S/o , holder of CNIC No. **9999999** and SNTN **8000007-0** do hereby declare that:-

(1) I am the **Principal Officer** in M/s **PRAL GHFGHFG** (SNTN **8000007-0**) having its office/head office/ registered office at **HOUSE # 24 GULSHAN-E-IQBAL BLOCK 16, ISLAMABAD** which is engaged in the economic activity/provision of services as classified under tariff heading 9810.1000, 9821.4000 and 9821.5000.

(2) I am fully competent and duly authorized by the said M/s **PRAL GHFGHFG** to sign and submit this form of election or option on behalf of the said M/s **PRAL GHFGHFG** to be governed by the provisions of the Proviso to rule 42C(3A) of the Sindh Sales Tax on Services Rules, 2011.

(3) I do hereby declare and affirm that the said M/s **PRAL GHFGHFG** (SNTN **8000007-0**) elect and opt to be governed by the provisions of the proviso to rule 42C(3A) of the Sindh Sales Tax on Services Rules, 2011, and that the said M/s **PRAL GHFGHFG** (SNTN **8000007-0**) shall pay Sindh sales tax at the further reduced rate of 5% (instead of the effective reduced rate of 10%).

(4) I also declare that M/s **PRAL GHFGHFG** (SNTN **8000007-0**) shall issue all its bills or invoices and receipts electronically duly linked with the SRB systems and that no bill, invoice or receipt shall be issued manually.

Signature: _____

Date: _____

Name: **FOREIGNER**

CNIC No. **9999999**

Tele. No. **+92 342 2541192**

Cell Phone No. **+92 342 2541192**

Company/Firm/Service provider's Name: **PRAL GHFGHFG**

Stamp: _____

Form B

NOT SUBMITTED

Witness Name:

Witness CNIC:

Verify

Sr.No.	Witness Name	Witness CNIC	Edit
1	DILEEP KUMAR	4435438342826	
2	OSAMA AHMED SIDDIQUI	4210137218889	

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Step 5: After the final submission, **print** a copy of the completed form for your records.

Browser address bar: e.srb.gos.pk/Reg/Forms.aspx

Page Title: Taxpayer Facilitation Portal (Last Login: 22-Feb-2024, 3:35 PM)

Navigation: Home Administration Registration Declaration Requests e-Payments Logout

User ID: S8000007-0 - COY (SRB Office) IMRAN@123

FORM- F

Election/option of the person receiving or procuring (from a non-resident service provider based in a country outside Pakistan) and/or the person providing or rendering the franchise services (tariff headings 9823.0000 or intellectual property services (tariff heading 9838.0000) for payment of tax at 13% (instead of the reduced rate of 10%) under the Special Procedure prescribed in rule 36 of the Sindh Sales Tax on Services Rules, 2011.

I, **FOREIGNER** S/o , holder of CNIC No. **9999996** and SNTN **8000007-0** do hereby declare that:-

(1) I am the **Principal Officer** in M/s. **PRAL GHFGHFG** (SNTN **8000007-0**) having its office/head office/ registered office at **HOUSE # 24 GULSHAN-E-IQBAL BLOCK 16, ISLAMABAD** which is engaged in the economic activity/provision of services as classified under tariff heading 9823.0000 and 9838.0000.

(2) I am fully competent and duly authorized by the said M/s. **PRAL GHFGHFG** to sign and submit this form of election or option on behalf of the said M/s. **PRAL GHFGHFG** to be governed by the provisions of the Proviso to rule 38(8) of the Sindh Sales Tax on Services Rules, 2011.

(3) I do hereby declare and affirm that the said M/s. **PRAL GHFGHFG** (SNTN **8000007-0**) elect and opt to be governed by the provisions of the proviso to rule 38(8) of the Sindh Sales Tax on Services Rules, 2011, and that the said M/s. **PRAL GHFGHFG** (SNTN **8000007-0**) shall pay Sindh sales tax at the statutory rate of 13% (instead of the reduced concessionary rate of 10%).

Signature: _____
Date: _____
Name: **FOREIGNER**
CNIC No. **9999996**
Tele. No. **+92 342 2541192**
Cell Phone No. **+92 342 2541192**
Company/Firm/Service provider's Name: **PRAL GHFGHFG**
Stamp: _____

Form F SUBMITTED 19 Feb 2024

Witness Name: _____
Witness CNIC: _____

Print

Sr.No.	Witness Name	Witness CNIC	Edit
1	OSAMA	4550129400407	
2	DILEEP KUMAR	4120519914515	

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