

## Taxpayer De-Registration Form

|    |  |   |                                     |  |
|----|--|---|-------------------------------------|--|
| 1  | Sheet No. <input type="text"/> of <input type="text"/>   | Token No. <input type="text"/> N° <input type="text"/>                    |                                     |  |
| 2  | De-Register From<br><br><input type="checkbox"/> Income Tax <input type="checkbox"/> Sales Tax <input type="checkbox"/> Federal Excise   | NTN <input type="text"/> - <input type="text"/> STRN <input type="text"/> |                                     |  |
| 3  | Category<br><br><input type="checkbox"/> Company <input type="checkbox"/> Company Type <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Small Company <input type="checkbox"/> Trust <input type="checkbox"/> Unit Trust <input type="checkbox"/> Modarba<br><br><input type="checkbox"/> Individual <input type="checkbox"/> NGO <input type="checkbox"/> Society <input type="checkbox"/> Any other (pl specify) _____   |   |                                     |  |
| 4  | Status<br><br><input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident  | Country of Non Resident _____   |                                     |  |
| 5  | CNIC/PP No. _____  | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female      |                                     |  |
| 6  | Reg./ Inc. No. _____   | Birth/ Inc. Date _____  |                                     |  |
| 7  | Name _____   | Name of Registered Person (Company, Individual or AOP Name) _____         |                                     |  |
| 8  | Address<br>Registered Office Address for Company and Mailing/Business Address for Individual & AOP, for all correspondence<br><br>Office/Shop/House /Flat /Plot No _____ Street/ Lane/ Plaza/ Floor/ Village _____<br>Province _____ District _____ City/Tehsil _____ Area/Town _____ Activity Code <input type="text"/>   | Block/ Mohala/ Sector/ Road/ Post Office/ etc _____                       |                                     |  |
| 9  | Principal Activity _____   |   |                                     |  |
| 10 | Rep. Type<br><br><input type="checkbox"/> Representative <input type="checkbox"/> Authorized Rep. u/s 223  | In Capacity as _____  |                                     |  |
| 11 | CNIC/ NTN _____  | Name _____  |                                     |  |
| 12 | Address<br><br>Office/Shop/House /Flat /Plot No _____ Street/ Lane/ Plaza/ Floor/ Village _____<br>Province _____ District _____ City/Tehsil _____ Area/Town _____   | Block/ Mohala/ Sector/ Road/ Post Office/ etc _____                       |                                     |  |
| 13 | Phone<br>Area Code _____ Number _____  | Mobile<br>Area Code _____ Number _____                                    | Fax<br>Area Code _____ Number _____ |  |
| 14 | E-Mail _____   | (e-Mail address for all correspondence)                                   |                                     |  |
| 15 | <input type="checkbox"/> Ceased to carry on business<br><input type="checkbox"/> Supplies have become exempt (Give details) _____<br><input type="checkbox"/> Taxable turnover during the last 12 months has remained below the threshold<br>(a) Please give the value of taxable supplies you made in last 12 month Rs. <input type="text"/><br>(b) Please give reason(s) for reduction in your taxable turnover (attach sheet, if necessary).<br><br><input type="checkbox"/> Transfer or sale of business (Attach proof) <input type="checkbox"/> Merger with another person (Attach proof)<br><input type="checkbox"/> Other (Please Describe) _____ |   |                                     |  |
| 16 | I, the undersigned solemnly declare that to the best of my knowledge and belief the information given above is correct and complete. It is further declared that any notice sent on the e-mail address or the address given in the registry portion will be accepted as legal notice served under the law.   |   |                                     |  |
| 17 | Date _____   | CNIC/ Passport No. _____  | Name of Applicant _____             | SIGNATURES _____                               |
| 18 |  |   |                                     |  |
| 19 | <input type="checkbox"/> Above Taxpayer's Registration is allowed for De-Registration with effect from Date <input type="text"/> - <input type="text"/> with permission of this office.<br>Request is being forwarded for necessary action at Registration Office.   |   |                                     |  |
| 20 | <input type="checkbox"/> Request regretted. Letter issued vide no. <input type="text"/> Dated <input type="text"/> - <input type="text"/>  |   |                                     |  |
| 21 | Name of RTO/LTU _____  |   |                                     | Signature & Seal of Taxation Officer _____     |
| 22 | <input type="checkbox"/> De-Registration is done and verified in Registration System on <input type="text"/> - <input type="text"/> - <input type="text"/>   |   |                                     | Signature & Seal of Registration Officer _____ |