

Taxpayer De-Registration Form

1	Sheet No.	of	Token No.	N°						
2	De-Register From	<input type="checkbox"/> Income Tax	<input type="checkbox"/> Sales Tax	<input type="checkbox"/> Federal Excise	NTN	STRN				
3	Category	<input type="checkbox"/> Company	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	
	<input type="checkbox"/> Individual	<input type="checkbox"/> NGO	<input type="checkbox"/> Society	<input type="checkbox"/> Any other (pls specify)						
4	Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	Country of Non Resident						
5	CNIC/PP No.	(for Individual only. Non-Residents to write Passport No.)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female					
6	Reg/ Inc. No.	(for Company & Registered AOP only)	Birth/ Inc. Date							
7	Name	Name of Registered Person/ Company/ Individual or AOP Name								
8	Address	Registered Office Address for Company and Mailing Business Address for Individual & AOP, for all correspondence								
	Office/ Shop/ House/ Flat/ Plot No.	Street/ Lane/ Plaza/ Floor/ Village	Block/ Mahalla/ Sector/ Road/ Post Office, etc							
	Province	District	City/ Tehsil	Area/ Town	Activity Code					
9	Principal Activity									
10	Rep. Type	<input type="checkbox"/> Representative u/s 172	<input type="checkbox"/> Authorized Rep. u/s 223	In Capacity as						
	CNIC/ NTN	Name								
11	Address	Office/ Shop/ House/ Flat/ Plot No.	Street/ Lane/ Plaza/ Floor/ Village	Block/ Mahalla/ Sector/ Road/ Post Office, etc						
	Province	District	City/ Tehsil	Area/ Town						
12	Phone	Area Code	Number	Mobile	Area Code	Number	Fax			
	E-Mail									
13	<input type="checkbox"/> Ceased to carry on business									
14	<input type="checkbox"/> Supplies have become exempt (Give details)									
15	<input type="checkbox"/> Taxable turnover during the last 12 months has remained below the threshold									
	(a) Please give the value of taxable supplies you made in last 12 month	Rs.								
	(b) Please give reason(s) for reduction in your taxable turnover (attach sheet, if necessary)									
16	<input type="checkbox"/> Transfer or sale of business (Attach proof)	<input type="checkbox"/> Merger with another person (Attach proof)								
	<input type="checkbox"/> Other (Please Describe)									
17	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.									
18	Date	CNIC/ Passport No.	Name of Applicant	SIGNATURES						
19	<input type="checkbox"/> Above Taxpayer's Registration is allowed for De-Registration with effect from Date Request is being forwarded for necessary action at Registration Office		with permission of this office							
20	<input type="checkbox"/> Request regretted. Letter issued vide no.		Dated							
21	Name of RTO/LTU	Signature & Seal of Taxation Officer								
22	<input type="checkbox"/> De-Registration is done and verified in Registration System on		Signature & Seal of Registration Officer							