

1	Sheet No.	[] of []	Token No.	N° []						
2	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">De-Register From</td> <td style="width:15%;"><input type="checkbox"/> Income Tax</td> <td style="width:15%;"><input type="checkbox"/> Sales Tax</td> <td style="width:15%;"><input type="checkbox"/> Federal Excise</td> <td style="width:15%;">NTN [] - []</td> <td style="width:20%;">STRN []</td> </tr> </table>				De-Register From	<input type="checkbox"/> Income Tax	<input type="checkbox"/> Sales Tax	<input type="checkbox"/> Federal Excise	NTN [] - []	STRN []
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 (pl specify) _____ <input type="checkbox"/> AOP AOP Type => <input type="checkbox"/> HUF <input type="checkbox"/> Firm <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Body of persons formed under a foreign law								
4	Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident Country of Non Resident _____ <input type="checkbox"/> AOP AOP Type => <input type="checkbox"/> HUF <input type="checkbox"/> Firm <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Body of persons formed under a foreign law								
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	_____								
8	Address	<i>Registered Office Address for Company and Mailing/Business Address for Individual & AOP, for all correspondence</i> Office/Shop/House /Flat /Plot No _____ Street/ Lane/ Plaza/ Floor/ Village _____ Block/ Mohala/ 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 _____ Address _____ Office/Shop/House /Flat /Plot No _____ Street/ Lane/ Plaza/ Floor/ Village _____ Block/ Mohala/ Sector/ Road/ Post Office/ etc _____ Province _____ District _____ City/Tehsil _____ Area/Town _____ Phone _____ Area Code _____ Number _____ Mobile _____ Area Code _____ Number _____ Fax _____ Area Code _____ Number _____ E-Mail _____ (e-Mail address for all correspondence)								
11	Phone	_____ Area Code _____ Number _____ Mobile _____ Area Code _____ Number _____ Fax _____ Area Code _____ Number _____								
12	E-Mail	_____ (e-Mail address for all correspondence)								
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 [] - [] - [] with permission of this office. Request is being forwarded for necessary action at Registration 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					