



Government of Balochistan
Balochistan Revenue Authority
Taxpayer Registration Form

Balochistan Sales Tax on Services Rules, 2018

BSTS-01
Section-25
Rule-05/162

	1	Sheet No. <input type="text"/> of <input type="text"/>		Token No. <input type="text"/>									
Registry	2	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> Apply For </div> <div style="width: 45%;"> <input type="checkbox"/> New Registration with BRA as Service Provider <input type="checkbox"/> BRA Registration, who already have NTN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 40%;"> <input type="checkbox"/> Change in particulars <input type="checkbox"/> Duplicate Certificate </div> </div>											
	3	<p><input type="checkbox"/> Balochistan Revenue Authority is authorized to obtain my/our registration / enrollment particulars from FBR and other Provincial Revenue Authorities. This option is applicable only to taxpayers already registered with FBR and authorizing BRA portal to transfer the registration / enrollment particulars from FBR portal.</p>											
	4	<p>Basis: <input type="checkbox"/> As per Law <input type="checkbox"/> Voluntary Registration <input type="checkbox"/> Compulsory Registration <input type="checkbox"/> Annual turnover Rs.....</p>											
	5	<p>Taxpayer Type: <input type="checkbox"/> Individual <input type="checkbox"/> AOP <input type="checkbox"/> Company</p>											
	6	<p>Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (Name of country _____)</p>											
	7	<p>CNIC No: <input type="text"/> - <input type="text"/> - <input type="text"/> For resident individual. Date of Birth. _____ <small>Non-resident to write Passport (PP) No. _____</small></p>											
	8	<p>Reg. / Incorporation No. _____ (for Company & Registered AOP only). Date of Incorporation. _____</p>											
	9	<p>Name: _____ Trade Name: _____ <small>(Name of Registered Person (Individual, AOP or Company))</small></p>											
	10	<p>Address: Registered Office Address for Company and Mailing / Business Address for Individual and AOP, for all correspondence.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Office / Shop / House / Flate / Plot No.</td> <td style="width: 33%;">Street / Lane / Plaza / Floor / Village</td> <td style="width: 33%;">Block / Muhalla / Sector / Road / Post Office etc.</td> </tr> <tr> <td>Province</td> <td>District</td> <td>City / Tehsil (with Zip Code)</td> <td>Area / Town</td> </tr> </table>					Office / Shop / House / Flate / Plot No.	Street / Lane / Plaza / Floor / Village	Block / Muhalla / Sector / Road / Post Office etc.	Province	District	City / Tehsil (with Zip Code)	Area / Town
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12	<p>Principal Service: _____ Service Code: <input type="text"/></p>												

Agent Particulars U/s 73	13	Representative Type: <input type="checkbox"/> Self <input type="checkbox"/> Authorised Person U/s 73 in capacity as _____				
	14	CNIC / NTN: _____ Name: _____				
	15	Address: _____ Office / Shop / House / Flat / Plot No. _____ Street / Lane / Plaza / Floor / Village _____ Block / Mohala / Sector / Road / Post Office etc. _____ Province _____ District _____ City / Tehsil (with Zip Code) _____ Area / Town _____				
	16	Phone: _____ <input type="checkbox"/> Area Code _____ <input type="checkbox"/> Number _____ Mobile: _____ <input type="checkbox"/> Area Code _____ <input type="checkbox"/> Number _____ Fax: _____ <input type="checkbox"/> Area Code _____ <input type="checkbox"/> Number _____				
	17	E-mail: _____ (e-mail address for all coorespondence)				
	Directors / Shareholders	18	Total Directors / Shareholders / Partners _____ Please provide information of all Directors / Partners and top-10 Shareholders	Total Capital		
		19	Type <input type="checkbox"/> NTN/CNIC/Passport No. _____ Name of Directors / Shareholders / Partners _____	Share Capital <input type="checkbox"/>	Share % <input type="checkbox"/>	Action (Add / Remove) <input type="checkbox"/>
		i	_____	_____	_____	_____
		ii	_____	_____	_____	_____
		iii	_____	_____	_____	_____
	Other	20	Activity Code _____ Other Business Activities in addition to the Principal Activities given at Sr-12 above			
		i	_____	_____	_____	_____
		ii	_____	_____	_____	_____
	21	Total Business / Branches <input type="checkbox"/> provide detail of all business / branches /outlets etc, use additional copies of this form, if needed.				
	Business / Branches	22	Business / Branch Serial <input type="checkbox"/> Action Required: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Close			
		23	Business / Branch Type: _____ HQ / Factory / Showroom / Godown / Office _____ Business / Branch Name: _____			
		24	Address: _____ Office / Shop / House / Flat / Plot No. _____ Street / Lane / Plaza / Floor / Village _____ Block / Mohalla / Sector / Road / Post Office etc. _____			
25		Nature of Premises / Possession <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others Owner's Name/CNIC/ NTN, _____				
26		Electricity Ref. No. _____ Gas Consumer No. _____				
27		Phone No. _____ <input type="checkbox"/> Area Code _____ <input type="checkbox"/> Number _____ Business / Branch Start Date _____ Business / Branch Close Date _____				
28		Total No. of Bank Accounts _____ provide details of all bank accounts, use additional copies of this form, if needed.				
29		Account Sr. _____ Action Required: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Close				
30	A/C No. _____ A/C Title _____ Type _____					
31	Bank Name: _____ (NBP, MCB, HBL, UBL, City etc.) City _____ Branch _____					
32	Account Opening Date: _____ Account Close Date, if close action is requested _____					

Declaration	33	<p>I, the undersigned in capacity as _____, do hereby solemnly declare that to the best of my knowledge and belief, the information given above is correct and complete in all respects. It is further declared that any letter or information or notice sent on the E-mail / E-portal / Address given in the registry portion, will be accepted as legal notice served under the law. I also hereby authorize, the Balochistan Revenue Authority to obtain my/our registration data from the Federal Board of Revenue and other Provincial Tax Authorities.</p> <hr/> <p>Date _____ CNIC / Passport No. _____ Name of Applicant _____ Signature _____ Stamp/Seal _____</p>				
Official Area	34	<p>NTN already allotted by FBR _____ User ID allotted by BRA _____</p> <p>Date _____ Tax Office _____</p> <p>Signature of Issuing Officer _____</p>				