

BSTS-01
Section-25
Rule-05/162

1	Sheet No. <input style="width: 30px; height: 20px;" type="text"/> of <input style="width: 30px; height: 20px;" type="text"/>	Token No. <input style="width: 150px; height: 25px;" type="text"/>
2	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> Apply For </div> <div style="width: 40%;"> <input type="checkbox"/> New Registration with BRA as Service Provider <input type="checkbox"/> BRA Registration, who already have NTN: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="width: 40%;"> <input type="checkbox"/> Change in particulars <input type="checkbox"/> Duplicate Certificate </div> </div>	
3	Authorization: <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.	
4	Basis: <input type="checkbox"/> As per Law <input type="checkbox"/> Voluntary Registration <input type="checkbox"/> Compulsory Registration <input type="checkbox"/> Annual turnover Rs.....	
5	Taxpayer Type: <input type="checkbox"/> Individual <input type="checkbox"/> AOP <input type="checkbox"/> Company	
6	Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (Name of country _____)	
7	CNIC No. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> For resident individual. Date of Birth. _____ <div style="text-align: right;">Non-resident to write Passport (PP) No. _____</div>	
8	Reg. / Incorporation No. _____ (for Company & Registered AOP only). Date of Incorporation. _____	
9	Name: _____ Trade Name: _____ <div style="text-align: center; font-size: small;">(Name of Registered Person (Individual, AOP or Company))</div>	
10	Address: Registered Office Address for Company and Mailing / Business Address for Individual and AOP, for all correspondence. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">Office / Shop / House / Flate / Plot No.</div> <div style="width: 30%;">Street / Lane / Plaza / Floor / Village</div> <div style="width: 30%;">Block / Muhalla / Sector / Road / Post Office etc.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;">Province</div> <div style="width: 20%;">District</div> <div style="width: 30%;">City / Tehsil (with Zip Code)</div> <div style="width: 30%;">Area / Town</div> </div>	
11	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> Type of Services </div> <div style="width: 85%;"> <div style="display: grid; grid-template-columns: 1fr 1fr 1fr 1fr 1fr; gap: 10px;"> <div><input type="checkbox"/> Telecommunication Services</div> <div><input type="checkbox"/> Hotels, Clubs and Restaurants etc.</div> <div><input type="checkbox"/> Advertisement Services</div> <div><input type="checkbox"/> Transportation Services</div> <div><input type="checkbox"/> Authorised Agents and Operators</div> <div><input type="checkbox"/> Renting of Movable and Immovable property</div> <div><input type="checkbox"/> Property Builders, Developers and Promoters</div> <div><input type="checkbox"/> Courier / Cargo and Logistic Services</div> <div><input type="checkbox"/> Contractual Execution of Work</div> <div><input type="checkbox"/> Beauty Parlours and Beauty Clinics etc.</div> <div><input type="checkbox"/> Banks / Financial Institutions and Insurance Companies</div> <div><input type="checkbox"/> Professionals and Consultants</div> <div><input type="checkbox"/> Laboratories and X-Ray centers etc.</div> <div><input type="checkbox"/> Brokers and Commission Agents etc.</div> <div><input type="checkbox"/> Auto Workshops and Service Stations etc.</div> <div><input type="checkbox"/> Franchise / Royalty and Technical Services</div> <div><input type="checkbox"/> Construction Services</div> <div><input type="checkbox"/> Labour and Manpower Supply</div> <div><input type="checkbox"/> Survey / Mining of Minerals</div> <div><input type="checkbox"/> IT / Software</div> </div> </div> </div>	
12	Principal Service: _____ Service Code <input style="width: 50px; height: 25px;" type="text"/>	

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: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Office / Shop / House / Flat / Plot No. Street / Lane / Plaza / Floor / Village Block / Mohala / Sector / Road / Post Office etc. </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Province District City / Tehsil (with Zip Code) Area / Town </div>					
	16	Phone: _____ Mobile _____ Fax _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Area Code Number Area Code Number Area Code Number </div>					
	17	E-mail: _____ (e-mail address for all correspondence)					
Directors / Shareholders	18	Total Directors / Shareholders / Partners		Please provide information of all Directors / Partners and top-10 Shareholders		Total Capital	
	19	Type	NTN/CNIC/Passport No.	Name of Directors / Shareholders / Partners	Share Capital	Share %	Action (Add / Remove)
	i						
	ii						
	iii						
Other	20	Activity Code	Other Business Activities in addition to the Principal Activities given at Sr-12 above				
	i						
	ii						
Business / Branches	21	Total Business / Branches <input type="checkbox"/> provide detail of all business / branches /outlets etc, use additional copies of this form, if needed.					
	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: _____ Business / Branch Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> HQ / Factory / Showroom / Godown / Office Trade Name: _____ </div>					
	24	Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Office / Shop / House / Flat / Plot No. Street / Lane / Plaza / Floor / Village Block / Mohalla / Sector / Road / Post Office etc. </div>					
	25	Nature of Premises / Possession <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others Owner's Name/CNIC/ NTN: _____					
Bank Accounts	26	Electricity Ref. No. _____ Gas Consumer No. _____					
	27	Phone No. _____ Business / Branch Start Date _____ Business / Branch Close Date _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Area Code Number </div>					
	28	Total No. of Bank Accounts _____ provide details of all bank accounts, use additional copies of this form, if needed.					
Bank Accounts	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> <p style="text-align: center;"> _____ 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 _____ _____ Signature of Issuing Officer </p>