

 <p style="text-align: center;"> <b>Government of Balochistan</b>  <b>Balochistan Revenue Authority</b>  <b>Taxpayer De-Registration Form</b>  <b>Balochistan Sales Tax on Services Rules, 2018</b> </p>		<b>BSTS-02</b> <b>Section-29</b> <b>Rule-11/163</b>	
	1	BNTN/ NTN/FTN: <span style="border: 1px solid black; padding: 2px;">B</span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> Sheet No. <span style="border: 1px solid black; padding: 2px;"></span> of <span style="border: 1px solid black; padding: 2px;"></span> Token No. <span style="border: 1px solid black; padding: 2px;"></span>	
Registry	2	Taxpayer Type: <input type="checkbox"/> Individual <input type="checkbox"/> AOP <input type="checkbox"/> Company	
	3	Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (Name of country _____)	
	4	CNIC No. <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> For resident individual. Date of Birth. _____ Non-resident to write Passport (PP) No. _____	
	5	Reg./ Incorporation No. _____ (for Company & Registered AOP only). Date of Incorporation: _____	
	6	Name: _____ Trade Name: _____ Name of Registered Person (Individual, AOP or Company)	
	7	<div style="border: 1px solid black; padding: 5px;"> <p>Address: Registered Office Address for Company and Mailing / Business Address for Individual &amp; AOP, for all correspondence.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Office / Shop / House / Flate / Plot No.</div> <div style="width: 30%;">Street / Lane / Plaza / 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: 5px;"> <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> </div>	
	Reasons for De-Registration	8	<input type="checkbox"/> Ceased to carry on business,
9		<input type="checkbox"/> Service has become exempt or non-taxable (Give details).	
10		<input type="checkbox"/> Taxable turnover during the last 12 month has remained below the threshold.	
		(a) Please give the value of taxable services provided in last 12 months Rs. _____	
		(b) Please give reason(s) for reduction in your taxable turnover (Attach sheet, if necessary).	
11		<input type="checkbox"/> Transfer or sale of business (Attach proof).	
12		<input type="checkbox"/> Merger with another person or business (Attach proof).	
	13	<input type="checkbox"/> Other (Please describe).	
Declaration	14	<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 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, Balochistan Revenue Authority to obtain my/our registration data from Federal Board of Revenue and other Provincial Tax Authorities.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;">Date</div> <div style="width: 15%;">CNIC / Passport No.</div> <div style="width: 15%;">Name of Applicant</div> <div style="width: 15%;">Signature</div> <div style="width: 15%;">Official Stamp/Seal</div> </div>	