

Balochistan Sales Tax Special Procedure (Withholding) Rules, 2018

BSTW-01
Section-14
Rule-3(2)

	1	Sheet No.							Of		Token No.																																																
Registry	2	Apply for		<input type="checkbox"/>		BRA Withholding Agent not holding any BNTN										<input type="checkbox"/> Change in particulars		<input type="checkbox"/> BNTN																																									
	3	Authorization:		<input type="checkbox"/>		Balochistan Revenue Authority is authorized to obtain my registration / enrolment 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 / enrolment particulars from FBR Portal.																																																					
	4	Taxpayer Type:		<input type="checkbox"/>		Individual				<input type="checkbox"/>		AOP				<input type="checkbox"/>		Company																																									
	5	Status:		<input type="checkbox"/>		Resident				<input type="checkbox"/>		Non-Resident (Name of country_____)																																															
	6	Name:		_____ Name of registered person (Individual, AOP or Company)																		For company Reg. / Incorporation No.		_____ Date of Incorporation. _____																																			
	7	CNIC No.		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td></tr></table>																							-										-			For resident individual,		Date of Birth. _____ Non-resident to write Passport (PP) No. _____																	
						-										-																																											
	8	Address:		Registered Office Address for Company and Mailing / Business Address for Individual and AOP, for all correspondence. Office / Shop / House / Flat / Plot No. Street / Lane / Plaza / Floor / Village Block / Mohalla / Sector / Road / Post Office etc. Province District City / Tehsil (With Zip Code) Area / Town																																																							
	9	Principal Service:		_____																		Service Code:																																					
Agent Particulars u/s 73	10	Representative Type:		<input type="checkbox"/>		Self				<input type="checkbox"/>		Authorized Person U/s 73 in capacity as _____																																															
	11	CNIC / NTN:		_____																		Name:		_____																																			
	12	Address:		_____ Office / Shop / House / Flat / Plot No. Street / Lane / Plaza / Floor / Village Block / Mohallah / Sector / Road / Post Office etc. Province District City / Tehsil (with Zip Code) Area / Town																																																							
	13	Phone:		Area Code				Number				Mobile		Area Code				Number				Fax		Area Code				Number																															
	14	E-Mail:		_____ (e-mail address for all correspondence)																																																							
Bank Accounts	15	Total No. of Bank Accounts:___ provide details of all bank accounts, use additional copies of this form, if needed.																																																									
	16	Account Sr.		_____ Action Required:																		<input type="checkbox"/>		Add				<input type="checkbox"/>		Change				<input type="checkbox"/>		Close																							
	17	A/C No.		_____ A/C Title																		Type _____																																					
	18	Bank Name:		_____ (NBP, MCB, HBL, UBL, City etc.)																		City				Branch _____																																	
	19	Account Opening Date:		_____ Account Close Date, if close action is requested																		_____																																					

Declaration	20	<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-email / 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>_____</p> <p style="text-align: center;">Date CNIC / Passport No. Name of Applicant Signature Official Stamp/Seal</p>
Official Area	21	<p>NTN already allotted by FBR: _____ User ID allotted by BRA: _____</p> <p>Date: _____ Tax Office: _____ Signature of Issuing Officer: _____</p>