



Government of Balochistan
Balochistan Revenue Authority
De-Signing Form for BRA Withholding Agent
Balochistan Sales Tax Special Procedure (Withholding) Rules, 2018

BSTW-02
Section-14
Rule-3(12)

1	1	Sheet No. <input type="text"/> Of <input type="text"/> Token No. <input style="width: 150px;" type="text"/> BNTN / NTN / FTN: <input type="text" value="B"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Registry	2	Taxpayer Type: <input type="checkbox"/> Individual <input type="checkbox"/> AOP <input type="checkbox"/> Company
3	3	Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (Name of country _____)
4	4	CNIC No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> For resident individual. Date of Birth. _____ Non-resident to write Passport (PP) No. _____
5	5	Reg. / Incorporation No. _____ for company and registered AOP only.
6	6	Date of incorporation: _____
7	7	Name: _____ Trade Name: _____ <small>Name of Registered Person (Individual, AOP or Company)</small>
8	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 (e-mail address) _____ Telephone Number: _____
Reasons for De-Signing	9	<input type="checkbox"/> Ceased to carry on business.
10	10	<input type="checkbox"/> Service has become exempt or non-taxable in Balochistan (Give detail).
11	11	<input type="checkbox"/> Merger with another person or business (Attach evidence).
12	12	<input type="checkbox"/> Transfer or sale of business (Attach evidence) with NTN of the transferee or the buyer.
13	13	<input type="checkbox"/> Other (Please describe).
Declaration	14	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 E-mail / E-portal / Address given in the registry portion, will be accepted as legal notice served under the law. I request for de-registration of my/our name. _____ Date CNIC/Passport No. Name of Applicant Signature Official Stamp/Seal