



Sindh Workers' Participation Fund (SWPF)

Payment Procedure

Step-1

Fill in the “Challan Form” available on SRB Website

	Government of Sindh Sindh Revenue Board Fund Payment Challan Form	 Generating Revenue for People																	
NTN No. <input type="text"/>	Tax Period Year <input type="text"/>																		
Name <input type="text"/>	<input type="text"/>																		
Address <input type="text"/>	<input type="text"/>																		
Fund Payments																			
Head of Account <input type="text"/>	<input type="text"/>																		
WORKER PROFIT PARTICPATION FUND (SINDH)																			
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Sr.</th><th>Description of Payment, whichever is applicable</th><th>Amount in Pak Rs.</th></tr></thead><tbody><tr><td>1</td><td>Fund Contribution</td><td></td></tr><tr><td>2</td><td>Default Surcharge/Others</td><td></td></tr><tr><td>3</td><td>Arrears</td><td></td></tr><tr><td>4</td><td>Penalty/Fine</td><td></td></tr><tr><td colspan="2" style="text-align: right;">Total Payment</td><td></td></tr></tbody></table>		Sr.	Description of Payment, whichever is applicable	Amount in Pak Rs.	1	Fund Contribution		2	Default Surcharge/Others		3	Arrears		4	Penalty/Fine		Total Payment		
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1	Fund Contribution																		
2	Default Surcharge/Others																		
3	Arrears																		
4	Penalty/Fine																		
Total Payment																			
Amount in Words _____																			
Mode & Particulars of Payment																			
Mode of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft																			
Cheque/Pay Order/Drfat No. _____ Date _____																			
Bank/Branch Name/City/Br-Code _____																			
DECLARATION OF DEPOSITOR																			
I hereby declare that the particulars mentioned in this tax payment challan are correct to the best of my knowledge and belief.																			
Name _____																			
CNIC <input type="text"/>																			
Date <input type="text"/>																			
<small>(DD-MM-YYYY)</small>	_____ Signature of Depositor																		

Step-2

Present the filled-in Challan Form to any branch of NBP

Note: In case the fund is paid by means of cheque / pay order, it shall be in favour of:

PAYEE = WORKER PROFIT PARTICIPATION FUND (SINDH)-G06316

Step-3

The payment shall be accepted through Government Receipt System (GRS) by NBP and a customer-copy of the system-generated CPR shall be handed to the taxpayer.

Customer Copy

 **NBP**
National Bank of Pakistan

Computerized Payment Receipt (CPR)
Govt. Collection - Provincial : Sindh

44 – NICOL ROAD KARACHI

CPR No : 10162730058250

Transaction Date	29-09-2016	Payment Mode	Cash
Depositor Name	AAMER ALI & MUZAMIL HUSSAIN SOOMRO	Contact No :	99217800

Head of Account	Description	Remarks	Amount
G06316	G06316 - Worker Profit Participation	PROVISIONAL TAX	10
Amount in Words : TEN ONLY			Total <u>10</u>

44-2016-09-29-C-10162730058250

10162730058250

National Bank of Pakistan
Nicol Road, Br. (044) Karachi
29 SEP 2016
RECEIVED

Signature & Stamp of Manager/Authorized Officer

Print Date : September 29, 2016 4:18:29 pm

User : abrar.shah

Step-4

The said copy of the CPR shall be the valid proof of payment and a copy of the same shall also be sent to SRB via email swpf@srb.gos.pk

HELPLINE

Email: swpf@srb.gos.pk

Phone: 021-99217800-9 Ext: 158

UAN: 021-111-778-000