


Sindh Workers Welfare Fund

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"/>	STN No. <input type="text"/>	Tax Period Year <input type="text"/>																		
Name <input type="text"/>																				
Address <input type="text"/>																				
Fund Payments																				
Head of Account <input type="text"/>																				
Sindh Workers Welfare Fund																				
<table border="1"><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: center;">Total of 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 of Payment				
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2	Default Surcharge/Others																			
3	Arrears																			
4	Penalty/Fine																			
Total of 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"/> (DD-MM-YYYY)																				
		_____ 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 = WORKERS WELFARE FUND SINDH – G06313

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.

 **NBP**
National Bank of Pakistan

Customer Copy

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

2 - MAIN BR KARACHI

CPR No : 10153360005610

Transaction Date :	02-12-2015	Payment Mode :	Cash
Depositor Name :	AAMIR ALI, MURTAZA, TURAB SAJJAD	Contact No :	03352093713

Head of Account	Description	Remarks	Amount
G06313	G06313 - Workers Welfare Fund (Sindh)	PROVINCIAL TAX	100
Amount in Words : ONE HUNDRED ONLY			Total 100

02 DEC 2015
GOVT COLLECTION RECEIVED CASH

10153360005610

Print Date : December 02, 2015 1:20:03 pm

Signature & Stamp of Manager/Authorized Officer

User: tariq.saleem

X-

Step-4

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

HELPLINE

Email: swwf@srb.gos.pk

UAN: 021-111-778-000 Ext. 157 & 158