



**Government of Sindh**  
**Sindh Revenue Board**  
De-Signing for Withholding Agents

SSTW-02

<b>1</b>	NTN <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Sheet No. <input type="text"/> of <input type="text"/> )	Acknowledgment No. <input type="text"/> No. <input type="text"/>
<b>2</b>	Category : <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> AOP		
<b>3</b>	Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		
<b>4</b>	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> for individual only		
<b>5</b>	Reg./ Inc. No. _____ for company & registered AOP only	Date of incorporation _____	
<b>6</b>	Name : _____ (Name of Registered Person / Company / Individual or AOP Name)	Trade Name : _____	
<b>7</b>	Address: Registered Office Address for Company and Mailing/Business Address for Individual & AOP, for all correspondence		
	Office / shop / house / flat / plot No. _____	Street / lane / plaza / floor / Village _____	Block / Mohalla / Sector / road / post office etc. _____
	Province _____	City / Taluka (with zip code) _____	Area Town _____
	e-mail address _____	Telephone Number _____	
<b>8</b>	<input type="checkbox"/> Ceased to carry on business		
<b>9</b>	<input type="checkbox"/> Services (to be relieved) has become exempt or non-taxable in Sindh (Give details)		
<b>10</b>	<input type="checkbox"/> Merger with an other company or firm or business (Attach evidence)		
<b>11</b>	<input type="checkbox"/> Transfer or sale of business (Attach evidence) with NTN of the Transferee or the buyer		
<b>12</b>	<input type="checkbox"/> Other (Please describe)		
<b>13</b>	I, the undersigned, 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, information or notice sent on the e-mail / address, given in the registry portion, will still be accepted as served under the law. I request for the de-registration of my name.		
<b>14</b>	Date _____	Name of Applicant (with designation) _____	Signature _____
CNIC _____			

Registry

Reasons for De-Signing

Declaration