1	FBR		-	Government of Pakistan Federal Board of Revenue Taxpayer Registration Form		STR-1		
	1	Sheet No.	of	Token No	o. N°			
	2		Apply	New Registration (for Income Tax, Sales Tax, Federal Excise, I.T W/H Agent or S.T W.H Agent)	Current	NTN		
		Category	For	ST or FED Registration, who already have NTN Change in Particulars Duplicate C	Certificate			
	3		Compar		Unit Trust	Modarba		
			AOP	AOP Type => HUF Firm Artificial Juridical Person Body	of persons formed unde	er a foreign law		
	4							
	5	CNIC/PP No.	[for Individual only , Non-Residents to write Passport No.] Gender Maie Female					
	6 7	Reg./ Inc. No. Name	Reg./ Inc. No. [for Company & Registered AOP only] Birth/ Inc. Date					
	7 Name 7 Name of Registered Person (Company, Individual or AOP Name) 8 Address 8 Registered Office Address for Company and Mailing/Business Address for Individual & AOP, for all correspondence							
			Office/Shop/Ho	ise /Flat /Plot No Street/ Lane/ Plaza/ Floor/ Village Blo	ot No Street/ Lane/ Plaza/ Floor/ Village Block/ Mohala/ Sector/ Road/ Post Off			
			Province	District City/Tehsil Are	ea/Town	Activity Code		
Registry	9	Principal Activity						
Reg	10	Register for	Income T	ax Sales Tax Federal Excise Withholding agent for I/Tax Withholding Agent for S/Tax	Revision N°			
Rep.	11	Rep. Type		entative Authorized Rep. u/s In Capacity as		<u> </u>		
orized		CNIC/ NTN		Name				
Representative/ Authorized Rep.		Address	Office/Shop/Ho	ise /Flat /Plot No Street/ Lane/ Plaza/ Floor/ Village Blo	ck/ Mohala/ Sector/ Road/ Post C	Office/ etc		
ative/			Province	District City/Tehsil Are	District City/Tehsil Area/Town			
esent	12	Phone	Area Code	Number Mobile Fa		mber		
Repr	13	E-Mail		(e-	-Mail address for all corre	espondence)		
	14	Total Director/	Shareholder/Par	Please provide information about top-10 Directors/Shareholders/Partners	Total Capital			
rtner	15	Type NTN/CNIC/ P	assport No.	Name of Director/Shareholder/Partner	Share Capital	Action (Add/ Remove) Share %		
er/Pa								
plode								
'Shar								
Director/Shareholder/Pa								
	16			All Other Shareholders/ Directors/Partners (in addition to 10)		Action		
Other Activities	17	Activity Code		Other Business Activities in addition to the Principal Activity given at Sr-9 above		(Add/ Close)		
ir Act								
Othe								
	18	Total busi	ness/branch	Provide details of all business/branches/outlets/etc., use additional copies of this form if needed				
	19 20	Bus/Br. Serial Bus/Br. Type		Action Requested Add Change Close				
		Address		wroom/Godown/Sub Off./etc.				
sət			Office/Shop/Ho		ck/ Mohala/ Sector/ Road/ Post C	Office/ etc		
rancl	21	Nature of	Province		a/Town			
ss/B	22	Premises Posses Electricity Ref. No		ned Rented Others Owner'S CNIC/ NTN/ FTN Owner'S Name Gas Connection installed Yes No Gas Consumer No.				
Business/ Branches	23	Phone No.		Business/ Branch Start DateBusiness/ B	ranch Close Date,			
B	24	Total E	Area Code Bank Accour	Number if applicable ts Provide details of all bank accounts, use additional copies of this form if needed				
unts	25	Account Sr.		Action Requested Add Change Close				
Accounts	26	A/C No.		A/C Title	Туре			
Bank /	27 28	Bank Name	BP, MCB, UBL, C	City Branch ti, etc.) Account Start Date Account Close Date, if close act	ion is requested			
_	29	NTN/ FTN			·			
Employer	30	Address		<u></u>	City			
	31			clare that to the best of my knowledge and belief the information given above is correct and complete. It is furthen the registry portion will be accepted as legal notice served under the law.	er declared that any notic	ce sent on the e-mail		
aration								
Decla	32	Date		CNIC/ Passport No. Name of Applicant	SIGNATURE			

		Government of Pakistan				
	FBR	Federal Board of Revenue Taxpayer Registration Form	STR-1			
		FILLING INSTRUCTIONS	111-772-772			
	1 Sheet No.	Usually only one sheet of this form is sufficient. However more sheets will be needed in case of more than 1-Businesses/B Activities or more than 1-Bank Accounts. For example, if 2-more sheets are attached then the first will have Sheet 1 of 3, a is attached, then write Sheet 1 of 1.				
	Application No. 2 Application Type	This field is for official use. All the grey fields are for official use and should be left blank by the applicant. Tick ($$) the relevant box. If the box for change in particulars is selected the current NTN should also be provided. Grey box is for check digit. If a person has already obtained NTN and now wants to apply for Sales Tax/ FED, he should tick ($$) Apply for Sales Tax / FED Registration				
	3 Category 4 Status	If application is issuance of Duplicate Certificate, then Current NTN should also be provided. Current Certificate should be surrendered Check (√) the relevant box showing the Person Category as Company, AOP or Individual . If Category is selected as Company or AOP then one of the types of Company/AOP should also be checked (√). Check the Status as Resident or Non-Resident . In case of Non-Resident the Country of Non-Resident Person should also be written.				
Status Critick the Status as Kestident of Monressident, the Country of Nonressident Person should also be written. CNIC/ PP No. All Resident Individuals should write CNIC Number and Non-Resident Individuals should write Passport (PP) Number in this column In case of Company and AOP this column should be left blank. Gender Gender is required only for Individual, for Company and AOP it should be left blank						
	otherwise leave it blank. e the name as appearing in SECP and					
	8 Address 9 Principal Activity	AOP should write the name as shown in the AOP Agreement. Company should write the address of Registered Office, Individual and AOP should write Business/Mailing Address. Principal Activity of the Person being registered should be written here, in case of multiple business activities the Principal Activity at the time of registration should be determined on the basis of major revenue generating business activity. Detailed list of Business Activities can be accessed from FBR's web site http://fbr.gov.pk or https://e.fbr.gov.pk. Individuals having only salary income should write Salary Income as Principal Activity. Professionals should specify their profession as Principal Activity or Other Activity as the case may be.				
Registry	Activity Code 10 Register for Revision N°	Activity Code is for official use, applicant should leave it blank. Tick ($$) the relevant boxes. All the relevant boxes should be checked. This is for official use, and should be left blank by the applicant.				
Representative//Auth Rep	11 Rep. Type In Capacity as	"Representative as defined u/s 172" or "Authorized Representative in case of Company not having Permanent Establishm the Income Tax Ordinance 2001. Capacity in which Representative/ Authorized Representative is mentioned as defined u/s 172 or 223(2) of Income Tax O				
Represent: Rep	12 Phone, Mobile, Fax 13 E-Mail	Phone, Mobile and Fax number of the Legal Representative or Individual (in case of Self) should also be written. Fax numb E-Mail address of the legal representative should be written here, which will be used to serve legal notices and correspond	per is optional.			
1	 14 Total No. of Directors Total Capital 15 Type of Identification NTN/CNIC 	Total Number of directors/shareholders/partners of the business. Total Capital of the business and shareholder wise share to be provided in case of Company. Particulars of all Partners sh Type of Identification: N=> NTN, C=> CNIC, P=> Passport Number, M=> CNIC number issued in Form-B by NADRA in cas NTN/ CNIC of all the shareholders/ directors/ partners should be provided in this portion. More sheets should be added for	se of Minors			
Directors/ Partners	Name of Director Capital Share % 16 Others	Name of Director/Shareholder/Partner. Capital share of owner in terms of capital amount, for Company only %age of share will be calculated by the system on the basis of share value provided in the capital column Others Share of owners in terms of capital amount				
Other Activities	17 Activity Code Business Activity	Activity Code is for official use, applicant should leave it blank. Detailed list of Business Activities can be accessed from FBR's web at site http://fbr.gov.pk or http://e.fbr.gov.pk. Do not re 9. Hence if there is no activity other than the Principal Activity, then this portion should be left blank. More activities can be Request as explained at Sr-2 above.				
ses/ Branches	 Total Business/branches Business / Branch Sr. Action Requested Business/Branch Type Business/Branch Name Nature of Premises Electricity Reference No. Gas Connection installed Gas Consumer No. 	Total Number of Businesses/ Branches, details of which should be provided in the following columns. Serial Number of the Business/ Branch. Separate sheets are required to provide information about each additional business Check (\checkmark) the relevant box as Add Business, Change Particulars or Close Business/ Branch Type of Business/ Branch such as Head Office, Sub-Office, Factory, Show Room, Godown, Sub Office, Outlet, etc Write name of the Business or Branch in accordance with the Business Branch Type selected Nature of Premises Possession as Owned, Rented or Others, along with CNIC/NTN/FTN and Name of the Owner should b Electricity Consumer number of the connection installed at the business/ HQ/ branch premises Tick the relevant box, showing the gas connection installed at the premises If Gas connection is installed, then write here Gas Consumer number of the connection installed at the business/ branch pr	be written			
Businesses/	23 Phone No. Business/Br. Start Date Business/Br. Close Date	Phone number with area code should be written for the Business/ Brach written at Sr. 20 Start Date of the Business/ Branch, date should be written in the format of DD-MM-YYYY. Closing Date of the Business/ Branch. This is applicable only when Close Business/ Branch is selected as Action Reque	ested			
	 24 Total Bank Accounts 25 Account Sr. Action Requested 26 A/C No. 	Total Number of Bank Accounts, details of which should be provided in the following columns Serial Number of the Bank Account. Separate sheets are required to provide information about each additional bank accoun Check ($$) the relevant box as Add Account , Change Particulars or Close Account Bank Account No. as allotted by the bank	Int			
Bank Accounts	A/C Title Type 27 Bank Name City	Title of Account Check (√) the relevant box showing Account Type such as PLS or Current as the case may be. Write bank name in abbreviated form, e.g. MCB for Muslim Commercial Bank, NBP for National Bank of Pakistan, City Ba Name of the City in which bank branch is located	ank for City Bank			
Bank A	Branch 28 Start Date Close Date	Name of the bank branch with branch Code Start Date of the bank Account, date should be written in the format of DD-MM-YYYY. Close Date of the bank Account, in case the account is closed. This is applicable only when Close Account is selected as				
Employer	29 NTN/ FTN Name 30 Address City	Address Address of Employer				
Declaration	31 Declaration Declaration to be signed by the applicant or his/her authorized representative. 32 Date Date of signing the application, in the format of DD-MM-YYYY. CNIC/Passport No. CNIC/Passport No. of the applicant. Applicant can be the Person him/her self or his/her authorized representative having written Authorization. Name of Applicant Name of Applicant as appearing in the CNIC/Passport.					
	Signatures Tax Registration Form car					
Application Modes	Attachments	 Duly completed application form along with copies of required documents can be submitted at any of the (13) Regional 2) Online application can also be prepared by visiting the FBR website https://e.fbr.gov.pk. Online tutorial for assistance can 3) NTN Certificate should be received in person at RTO by the applicant or his authorized representative, after one working verification. At the time of receiving the NTN Certificate, Original CNIC should be shown. If an authorized representative is Original Authority Letter and original CNIC of the authorized person should be shown at the RTO/ TFC Counter. Request for Change in Particulars is also processed as described at Sr. 1-32 above. For Request of Duplicate Certificate, complete particulars should be provided. Current Certificate should be surrendered lost, then an affidavit on Stamp Paper of Rs. 10 should be attached with the application. For all applications : Copy of the last paid Electricity Bill of the connection installed at the address given in the Registry Por For Individual 1) Copy of CNIC/ Passport For Company 1) Copy of CNIC of Applicant 2) Copy of SECP Incorporation Certificate 3) Applications of all owners, 	In also be downloaded. g day of successful telephonic to receive the NTN Certificate then d, if available. If current certificate is rtion of the form (STR-1) , if not already NTN holder			
		For AOP 1) Copy of CNIC of Applicant 2) Copy of AOP Agreement, if applicable 3) Applications of all Partner Sindh Socratariat 05) PTO Pawalpindi, Kachagi Paod 00) PTO Hydrorabad Sin Area 12) PTO Jelan	•			
RTO/ TFC	01) RTO Karachi, Opposite 02) RTO Lahore, Nabah Ro 03) RTO Peshawar, Jamru	Dead 06) RTO Gujranwala, GT Road 10) RTO Sukkur, Income Tax Building d Road 07) RTO Sialkot, Kachary Road 11) RTO Multan, Shamsabad Colony	nabad, Blue Area List of TFCs available at <u>http://fbr.gov.pk</u>			
Ľ	04) RTO Quetta, Chaman Housing Scheme 08) RTO Faisalabad, New Civil Lines 12) RTO Abbottabad, Main Mansehra Road					

Government of Pakistan Federal Board of Revenue STR-3								
	F	-BR	Taxpayer De-Registration Form					
	1	Sheet No.	of	Token No.	•			
	2		De-Register From	NTN STRN				
	3	Category	Company	Company Type Pvt. Ltd. Public Ltd. Small Company Trust NGO Society Any other (pl specify)				
Registry	4 5	Status CNIC/PP No.	AOP Resident	AOP Type => HUF Firm Artificial Juridical Person Body of person Non-Resident Country of Non Resident [for Individual only, Non-Residents to write Passport No.] Gender	ns formed under a foreign law			
	6 7 8	7 Name Name of Registered F		[for Company & Registered AOP only] Birth/ Inc. Date rson (Company, Individual or AOP Name) Address for Company and Mailing/Business Address for Individual & AOP, for all correspondence				
			Office/Shop/House /Flat /Plo	t No Street/ Lane/ Plaza/ Floor/ Village Block/ Mohala/ S District City/Tehsil Area/Town	Sector/ Road/ Post Office/ etc Activity Code			
	9	Principal Activity						
Representative/ Authorized Rep.	10	Rep. Type CNIC/ NTN Address	Representative u/s 172	Authorized Rep. u/s In Capacity as 223 Name				
esentative/ Au	11	Phone	Office/Shop/House /Flat /Plo	District City/Tehsil Area/Town Mobile Fax	Sector/ Road/ Post Office/ etc			
Repre	12 E-Mail		Area Code Nu	nber Area Code Number Area Co (e-Mail addr	de Number ess for all correspondence)			
Reasons for De-Registration	13 Ceased to carry on business 14 Supplies have become exempt (Give details) 15 Taxable turnover during the last 12 months has remained below the threshold (a) Please give the value of taxable supplies you made in last 12 month (b) Please give reason(s) for reduction in your taxable turnover (attach sheet, if necessary). 16 Transfer or sale of business (Attach proof) Merger with another person (Attach proof)							
Rea	16	=	ease Describe)	s (Attach proof)				
Declaration	Image: Construction of the second constructing construction of the second construction of the seco							
Official Area D	19	Above Ta Request i	xpayer's Registra	tion is allowed for De-Registration with effect from Date with for necessary action at Registion Office.	th permission of this office.			
Offici	21	Name of RTO	-		Seal of Taxation Officer			
Reg. Office	22	De-Regis	tration is done and	d verified in Registration System on Signature & Seal	of Registration Officer			