



# Federal Board of Revenue Taxpayer Registration Form

TRF-01 (V-2)

Note : Please follow the instructions printed overleaf while completing this form and attach all the required documents for expeditious processing of your application.

1	Sheet No. <input type="text"/> of <input type="text"/>	Current NTN (if already issued) <input style="width:100%;" type="text"/>	Token No. N° <input style="width:100%;" type="text"/>																																												
2	<b>Applying For</b> <input type="checkbox"/> New Registration (for Income Tax, Sales Tax, Federal Excise) <input type="checkbox"/> Change in Particulars <input type="checkbox"/> Sales Tax or FED Registration, who already have NTN <input type="checkbox"/> Duplicate Certificate <div style="float:right; font-size:small;">CPR number (for Rs. 1000), for Duplicate Certificate <input style="width:100%;" type="text"/></div>																																														
3	<b>Category</b> <input type="checkbox"/> Individual <div style="border:1px solid black; padding:2px; margin-top:5px;"> <b>Individual Type</b> <input type="checkbox"/> Salaried           <input type="checkbox"/> Business           <input type="checkbox"/> Other (please specify) _____         </div> <input type="checkbox"/> AOP <div style="border:1px solid black; padding:2px; margin-top:5px;"> <b>AOP Type =&gt;</b> <input type="checkbox"/> HUF           <input type="checkbox"/> Firm           <input type="checkbox"/> Artificial Juridical Person           <input type="checkbox"/> Body of persons formed under a foreign law         </div> <input type="checkbox"/> Company <div style="border:1px solid black; padding:2px; margin-top:5px;"> <b>Company Type</b> <input type="checkbox"/> Pvt. Ltd.           <input type="checkbox"/> Public Ltd.           <input type="checkbox"/> Small Company           <input type="checkbox"/> Trust           <input type="checkbox"/> Unit Trust           <input type="checkbox"/> Modarba           <input type="checkbox"/> NGO           <input type="checkbox"/> Society           <input type="checkbox"/> Any other (pl specify) _____         </div>																																														
4	<b>Status</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident         Country of Non Resident _____																																														
5	<b>CNIC/PP No.</b> _____ [for Individual only, Non-Residents to write Passport No.]		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female																																												
6	<b>Reg./ Inc. No.</b> _____ [for Company & Registered AOP only]		<b>Birth/ Inc. Date</b> _____																																												
7	<b>Name</b> _____		<b>Trade Name</b> _____																																												
8	<b>Address</b> 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/ Mohala/ Sector/ Road/ Post Office/ etc _____ Province _____ District _____ City/Tehsil _____ Area/Town _____																																														
9	<b>PTCL No.</b> _____ <input type="checkbox"/> In applicant's name <input type="checkbox"/> In other's name <input type="checkbox"/> Wireless <input type="checkbox"/> Landline																																														
10	<b>Mobile</b> _____ <input type="checkbox"/> In applicant's name <input type="checkbox"/> In other's name <input type="checkbox"/> Post paid <input type="checkbox"/> Prepaid																																														
11	<b>E-Mail</b> _____ (e-Mail address for all correspondence)		<b>Fax</b> _____         Area Code _____ Number _____																																												
12	<b>Principal Activity</b> _____         Activity Code <input style="width:30px;" type="text"/>																																														
13	<b>Business Nature (IT, ST)</b> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Wholesaler (including Dealer) <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Service Provider <input type="checkbox"/> Others																																														
14	<b>Register for</b> <input type="checkbox"/> Income Tax <input type="checkbox"/> Sales Tax <input type="checkbox"/> Federal Excise         Paid up capital Rs. _____ Working Capital Rs. _____																																														
15	<b>Rep. Type</b> <input type="checkbox"/> Rep.u/s 172 <input type="checkbox"/> Authorized Rep. u/s 223         in capacity as <input type="checkbox"/> Self																																														
16	<b>CNIC/ NTN</b> _____ Name _____																																														
17	<b>Address</b> Office/Shop/House /Flat /Plot No _____ Street/ Lane/ Plaza/ Floor/ Village _____ Block/ Mohala/ Sector/ Road/ Post Office/ etc _____ Province _____ District _____ City/Tehsil _____ Area/Town _____																																														
18	<b>PTCL No.</b> _____ <input type="checkbox"/> In Representative's name <input type="checkbox"/> In other's name <input type="checkbox"/> Wireless <input type="checkbox"/> Landline																																														
19	<b>Mobile</b> _____ <input type="checkbox"/> In Representative's name <input type="checkbox"/> In other's name <input type="checkbox"/> Post paid <input type="checkbox"/> Prepaid																																														
20	<b>E-Mail</b> _____ (e-Mail address for all correspondence)		<b>Fax</b> _____         Area Code _____ Number _____																																												
21	<b>Total Director / Shareholder / Partner</b> _____         Please provide information of all Directors/Partners and top-10 Shareholders																																														
22	Type P, S	<b>NTN/CNIC/ Passport No.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Name of Director/Shareholder/Partner</th> <th style="width:15%;">Share Capital</th> <th style="width:15%;">Share %</th> <th style="width:15%;">Action (Add/ Remove)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Director/Shareholder/Partner	Share Capital	Share %	Action (Add/ Remove)																																								
Name of Director/Shareholder/Partner	Share Capital	Share %	Action (Add/ Remove)																																												
23	All Other Shareholders/ Directors/Partners (in addition to 10)																																														

Registry

Representative/ Authorized Rep.

Director/Shareholder/Partner



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Taxpayer Registration Form**

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<b>Other Activities</b>	24	Activity Code	Other Business Activities in addition to the Principal Activity given at Sr-12 above			Action (Add/ Close)					
<b>HS Codes</b>	25	Activity Code	HS Code	HS Description							
<b>Business/ Branches</b>	26	<b>Total business/branches</b>		Provide details of all business/branches/outlets/etc., use additional copies of this form if needed							
	27	Bus/Br. Serial	<input type="checkbox"/>	<b>Action Requested</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Close	Is it a sales taxable business ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	28	Bus/Br. Type	HQ/Factory/Showroom/Godown/Sub Off./etc.		Business/ Branch Name						
					Trade Name						
	29	Address	Office/Shop/House /Flat /Plot No		Street/ Lane/ Plaza/ Floor/ Village		Block/ Mohala/ Sector/ Road/ Post Office/ etc				
			Province	District	City/Tehsil	Area/Town					
	30	PTCL No.									
	31	Nature of Premises Possession	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Others	Owner's CNIC/ NTN/ FTN	Owner's Name				
32	Electricity Ref. No.	Elec. connection type:		<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Installed in applicant's name	<input type="checkbox"/> Installed in others name	<input type="checkbox"/> Not installed			
33	Gas Ref. No.	Gas connection type:		<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Installed in applicant's name	<input type="checkbox"/> Installed in others name	<input type="checkbox"/> Not installed			
34	Business/ Branch Start Date			Business/ Branch Close Date,(if applicable)							
<b>Bank Accounts</b>	35	<b>Total Bank Accounts</b>		Provide details of all bank accounts, use additional copies of this form if needed							
	36	Account Sr.	<input type="checkbox"/>	<b>Action Requested</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Close	Is it Primary Account ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	37	A/C No.	A/C Title				Type				
	38	Bank Name	City		Branch						
39		(NBP, MCB, UBL, City, etc.)		Account Start Date			Account <b>Close Date</b> , if close action is requested				
<b>Employer</b>	40	NTN/ FTN	<input type="text"/>	-	Name						
	41	Address			City						
<b>Declaration</b>	42	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 notice sent on the e-mail address or the address given in the registry portion will be accepted as legal notice served under the law.									
	43	Date	CNIC/ Passport No.	Name of Applicant	Signature as appearing on CNIC/Passport		Thumb Impression (Left for Male, Right for Fema)				