

**FINANCE DEPARTMENT
UNIVERSITY OF KARACHI**

PAYEE REGISTRATION FORM

1. **Nature of Payee** Goods Supplier Service Provider Utility Company
 Healthcare Service Examiner Invigilator
 Visiting Faculty Other (please specify) _____

2. **Type of Payee**
a. Category Individual Proprietor (Sole) Organization
b. Title of Individual/ Proprietor Miss Mrs Mr Dr Other (please specify) _____
c. Name of Individual/ Proprietor _____
d. Legal Name of Organization _____
e. Legal Form Organization Partnership Firm Company Government Department
 Other (please specify) _____

3. **Contact Information of Payee** Name (individual/ proprietor/ organization's nominee) _____
CNIC No. _____ Valid up to (DD/MM/YYYY) _____
Designation (if organization's nominee) _____
Cell No. _____ Land Line No. _____
Email-1 _____ Email-2 _____
Mailing Address _____

City _____ Country _____ Post Code _____
Consumer Account No. (if utility company) _____

4. **Sponsoring Department** Purchase Engineering Examination ASRB Estate
 Clinic Transport PR Legal ORIC
 Other Administrative Department (specify its name) _____
 Teaching Department (specify its name) _____
 Research/ Development Project (specify its name) _____
 Other (please specify its name) _____

5. **Tax Deduction Information** National Tax No. (NTN) _____ Active Tax Payer
 Sales Tax Registration No. (STRN) _____
 Sindh National Tax No. (SNTN) _____

6. **Bank Information of Payee** Account No. (14-Digit) _____
IBAN _____
Account Title _____
Bank Name _____ Branch Name _____
Branch Code _____ SWIFT Code _____
Branch Address _____
City _____ Province/ State _____ Country _____

7. Documents Attached

- CNIC of Individual/ Proprietor/ Organization's Nominee (copy)
- Authorization Letter for Organization's Nominee (original on letterhead)
- Bank's Account Maintenance Certificate (copy)
- National Tax Number (copy of Certificate or other evidence in lieu)
- Sales Tax Registration Number (copy of Certificate or other evidence in lieu)
- Sindh Sales Tax Registration Number (copy of Certificate or other evidence in lieu)
- Authorized Agent Certificate for Goods Supplier/ Service Provider (copy)
- Other (please specify) _____

8. Declaration by Payee

I hereby declare that the information & documents provided herein/ herewith regarding myself/my organization for Payee Registration are true & correct. If any information or document provided by me/my organization is found false or incorrect at any later stage, the University may cancel the Registration and disqualify me/my organization for future.

Name (of Individual/ Proprietor/ Organization's Nominee) _____

Designation (for Organization's Nominee) _____

Signature _____ Date _____

9. Verification by Sponsor

I hereby certify that the information and documents provided herein/ herewith by the above Individual/ Proprietor/ Organization's Nominee are true and correct and this Registration is recommended to be completed for effecting payment to the said Payee.

Name of the Sponsoring Department _____

Name of the Head _____ Designation _____

Signature _____ Date _____

10. Registration by Payment Section

The above named Individual/ Proprietor/ Organization has been duly registered having the

Payee Registration No. _____ dated _____

Signature Accounts Officer (Payments) _____ Signature Chief Accountant _____

11. Accession of Payee Record

The above Payee Registration No. and the corresponding record has been appended in the Payees Database, which is accessible for effecting payments to the Registered Payee from Manual/ Digital Payment System w.e.f. (DD/MM/YYYY) _____

Signature Accounts Officer (Budget & Treasury) _____ Signature Database Administrator _____