

INSTRUCTIONS
FOR CERTIFICATE OF DOMICILE OF NON RESIDENT
FOR INDONESIA WITHHOLDING TAX (FORM DGT)

Part I Income Recipient:

Number 1:

Please fill in the income recipient's taxpayer identification number in country where the income recipient is registered as a resident taxpayer.

Number 2:

Please fill in the name of the income recipient.

Number 3:

Please fill in the income recipient's address.

Number 4:

Please fill in the name of country where the income recipients is registered as a resident taxpayer.

Number 5:

Please fill in the income recipient's contact number.

Number 6:

Please fill in the income recipient's contact e-mail.

Part II Certification by Competent Authority or Authorized Tax Office of the Country of Residence:

Number 7:

Please fill in the name of country where the income recipients is registered as a resident taxpayer.

Number 8:

Please fill in the starting month of the calendar year to be covered.

Number 9:

Please fill in the starting calendar year of the income received to be covered.

Number 10:

Please fill in the ending month of the calendar year to be covered (maximum 12 months from the starting month).

Number 11:

Please fill in the ending calendar year of the income received to be covered.

Number 12:

Please fill in the name of country where the income recipients is registered as a resident taxpayer.

Number 13 and 14:

The Competent Authorities or his authorized representative should certify this for by signing it. The position of the signor should be filled in Number 14.

Number 15:

Please fill in the date when the form is signed by the Competent Authorities or his authorized representative.

Number 16:

Please fill in the office address of the Competent Authority or authorized representative.

Part III Declaration by the Income Recipient (Banking Institution and Pension Fund):

Number 17:

This form shall be filled by the management of the claimant. Please fill in the name of country where income recipient is registered as a resident taxpayer.

Number 18:

The income recipient or individual authorized to sign for the income recipient shall sign this form.

Number 19:

Please fill in the place and date of signing.

Number 20:

Please fill in the capacity of the income recipient or individual authorized to sign for the income recipient who signs this form.

Part IV To be completed if the Income Recipient is an individual:

Number 21:

Please fill in the income recipient's place and date of birth.

Number 22:

Please check the appropriate box in accordance with the claimant's facts and circumstances.

Number 23:

Please check the appropriate box. You are acting as an agent if you act as an intermediary or act for and on behalf of other party in relation with the income source in Indonesia. You are acting as a nominee if you are the legal owner of income or of assets that the income is generated and you are not the real owner of the income or assets.

Number 24:

Please check the appropriate box.

Number 25:

Please fill in the name of country where you ordinarily reside.

Number 26:

Please check the appropriate box. In case you have ever been resided in Indonesia, please fill the period of your stay and address where you are resided.

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Number 27:

Please check the appropriate box. In case you have any offices, or other place of business in Indonesia, please fill in the address of the offices, or other place of business in Indonesia

Part V To be Completed if the income Recipient is non Individual:

Number 28:

Please fill in the country where the entity is registered or incorporated.

Number 29:

Please fill in the country where the entity is controlled or where its management is situated.

Number 30:

Please fill in the address of the entity's Head Office.

Number 31:

Please fill in the address of any branches, offices, or other place of business of the entity situated in Indonesia.

Number 32-38:

Please check the appropriate box in accordance with the claimant's facts and circumstances.

Part VI To be completed if the income earned are dividend, interest, or royalty:

Number 39-43:

Please check the appropriate box in accordance with the claimant's facts and circumstances.

Part VII Declaration by the Income Recipient:

Number 44:

Please check the box if the income recipient is individual.

Number 45:

Please check the box if the income recipient is non individual other than banking institution and pension fund.

Number 46:

The income recipient or individual authorized to sign for the income recipient (for non individual) shall sign this form.

Number 47:

Please fill in the place and date of signing.

Number 48:

Please fill in the capacity of the income recipient or individual authorized to sign for the income recipient who signs this form.

