

**INSTRUCTIONS  
FOR CERTIFICATE OF DOMICILE OF NON RESIDENT  
FOR INDONESIA TAX WITHHOLDING (FORM – DGT 1)**

**Number 1:**

Please fill in the name of the country of income recipient.

**Part I Information of Income Recipient:**

**Number 2:**

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

**Number 3:**

Please fill in the income recipient's name.

**Number 4:**

Please fill in the income recipient's address.

**Number 5:**

Please fill in the Indonesia withholding agent's taxpayer identification number.

**Number 6:**

Please fill in the Indonesia withholding agent's name.

**Number 7:**

Please fill in the Indonesia withholding agent's address.

**Part II Declaration by the Income Recipient:**

**Number 8:**

In case the income recipient is not an individual this form shall be filled by the management of the income recipient. Please fill in the name of person authorized to sign on behalf the income recipient. If the income recipient is an individual, please fill in the name as stated in Number 3.

**Number 9:**

The income recipient or his representative (for non individual) shall sign this form.

**Number 10:**

Please fill in the place and date of signing.

**Number 11:**

Please fill in the capacity of the claimant or his representative who signs this form.

**Number 12:**

Please fill in the contact number of person who signs this form.

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

**Number 13 and 14:**

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

**Number 15 and 16**

The Competent Authorities or his authorized representative or authorized tax office should certify this form by signing it. The position of the signor should be filled in Number 16.

**Number 17:**

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

**Number 18:**

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

**Part IV to be completed if the Income Recipient is an Individual:**

**Number 19:**

Please fill in the income recipient's full name.

**Number 20:**

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

**Number 21:**

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 22:**

Please fill in the income recipient's address.

**Number 23:**

Please check the appropriate box. If your permanent home is in Indonesia, you are considered as Indonesian resident taxpayer according to the Income Tax Law and if you receive income from Indonesia, the Double Tax Conventions shall not be applied.

**Number 24:**

Please fill the name of country where you ordinarily reside.

**Number 25:**

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.

**Number 26:**

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 27:**

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

**Number 28:**

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

**Number 29:**

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

**Number 30:**

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

**Number 31:**

Please fill in the nature of business of the claimant.

**Number 32-38:**

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

**Part VI for Income Earned from Indonesia in Respect to which relief is claimed:**

**Number 39:**

Please fill in the type of income (e.g. dividend, interest, or royalties).

**Number 40:**

Please fill in the aggregate amount of Income liable to withholding tax under Indonesian Law within a period of month (Tax Period).

**Number 41:**

Please fill in the type of income from rendering services (including professional).

**Number 42:**

Please fill in the aggregate amount of Income liable to withholding tax under Indonesian Law within a period of month (Tax Period).

**Number 43:**

In case your income is arising from rendering service, please fill in the period when the service is provided.

**Number 44:**

Please fill in the other type of income.

**Number 45:**

Please fill in the amount of Income liable to withholding tax under Indonesian Law.