

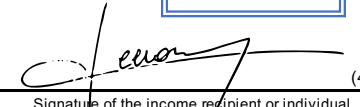


E. Bentuk Form DG

	MINISTRY OF FINANCE OF THE REPUBLIC OF INDONESIA DIRECTORATE GENERAL OF TAXES	(FORM DGT)
CERTIFICATE OF DOMICILE OF NON RESIDENT FOR INDONESIA WITHHOLDING TAX		
Guidance :		
1 This form is to be completed by a person (which includes a body of a person, corporate or non corporate) who is a resident of a country which has concluded a Double Taxation Convention (DTC) with Indonesia. 2 For person who is: - a banking institution, or - a pension fund, complete only DGT Page 1. 3 For individual, completes PART I and PART II of DGT Page 1, and PART IV and PART VII of DGT Page 2. 4 For non individual other than mentioned in number 2, completes PART I and PART II of DGT Page 1, and PART V, PART VI, and PART VII of DGT Page 2		
All particulars in the form are to be properly furnished, and the form shall be signed as completed. This form must be certified by the Competent Authority or his authorized representative or authorized tax office in the country where the income recipient is a tax resident before submitted to Indonesian withholding agent/custodian.		
PART I	INCOME RECIPIENT	
Tax ID Number	: 8178250	(1)
Name	: Lighthouse Intelligence Ltd	(2)
Full address	: 59 St Martin's Lane, Suite 8, WC2N 4JS, London.	(3)
Country	: United Kingdom	(4)
Contact Number	: 442030952727 (5)	email : finance@mylighthouse.com (6)
PART II	CERTIFICATION BY COMPETENT AUTHORITY OR AUTHORIZED TAX OFFICE OF THE COUNTRY OF RESIDENCE	
For the purpose of tax relief, it is hereby confirmed that the taxpayer mentioned in Part I is a resident in _____ (7) for the period _____ (8) _____ (9) to _____ (10) _____ (11) within the meaning of the Double Taxation Convention in accordance with Double Taxation Convention concluded between Indonesia and _____ (12)		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> _____ (13) Name and Signature of the Competent Authority or his authorized representative or authorized tax office </div> <div style="width: 20%; text-align: center;">  </div> <div style="width: 30%;"> _____ (14) Capacity/designation of signatory </div> <div style="width: 20%;"> _____ (15) Place, date (mm/dd/yy) </div> </div>		
Office address: _____ (16)		
PART III	DECLARATION BY THE INCOME RECIPIENT (BANKING INSTITUTION AND PENSION FUND)	
I declared that: 1. This company is not an Indonesian resident taxpayer; 2. this company a resident of _____ (17) for income tax purposes within the meaning of DTC of both countries; 3. the purposes of the transaction is not to obtain the benefit under the convention directly or indirectly that is contrary to the object and purpose of the DTC; 4. in relation with the earned income, this company is not acting as an agent, nominee, or conduit; 5. the beneficial owner is not an Indonesian resident taxpayer and/or not a resident taxpayer of the country other than mentioned in Part I; and 6. I have examined the information stated in this form and to the best knowledge and belief it is true, correct and complete.		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> _____ (18) Signature of the income recipient or individual authorized to sign for the income recipient </div> <div style="width: 30%;"> _____ (19) Place, date (mm/dd/yy) </div> <div style="width: 30%;"> _____ (20) Capacity in which acting </div> </div>		
This form is available and may be downloaded at this website: http://www.pajak.go.id		

PART IV	TO BE COMPLETED IF THE INCOME RECIPIENT IS AN INDIVIDUAL		
1. Place and Date of birth (mm/dd/yyyy) : _____ / _____ / _____ (21)			
2. The purposes of the transaction is to directly or indirectly obtain the benefit under the convention that is contrary to the object and purpose of the DTC. <input type="checkbox"/> Yes <input type="checkbox"/> No (22)			
3. Are you acting as an agent or a nominee? <input type="checkbox"/> Yes <input type="checkbox"/> No (23)			
4. Do you have permanent home in Indonesia? <input type="checkbox"/> Yes <input type="checkbox"/> No (24)			
5. In what country do you ordinarily reside? _____ (25)			
6. Have you ever been resided in Indonesia? <input type="checkbox"/> Yes <input type="checkbox"/> No (26)			
If so, in what period? _____ / _____ / _____ to _____ / _____ / _____			
Please provide the address : _____			
7. Do you have any office, or other place of business in Indonesia? <input type="checkbox"/> Yes <input type="checkbox"/> No (27)			
If so, please provide the address : _____			
PART V	TO BE COMPLETED IF THE INCOME RECIPIENT IS NON INDIVIDUAL		
1. Country of registration/incorporation : <u>United Kingdom</u> (28)			
2. Which country does the place of management or control reside? <u>United Kingdom</u> (29)			
3. Address of Head Office : <u>59 St Martin's Lane, Suite 8, WC2N 4JS, London.</u> (30)			
4. Address of branches, offices, or other place of business in Indonesia (if any) : _____ (31)			
N/A			
5. The entity has relevant economic substance either in the entity's establishment or the execution of its transaction. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (32)			
6. The entity has the same legal form and economic substance either in the entity's establishment or the execution of its transaction. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (33)			
7. The entity has its own management to conduct the business and such management has an independent discretion. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (34)			
8. The entity has sufficient assets to conduct business other than the assets generating income from Indonesia. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (35)			
9. The entity has sufficient and qualified personel to conduct the business. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (36)			
10. The entity has business activity other than receiving dividend, interest, royalty sourced from Indonesia. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (37)			
11. The purpose of the transaction is to directly or indirectly obtain the benefit under the convention that is contrary to the object and purpose of the DTC. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (38)			
PART VI	TO BE COMPLETED IF THE INCOME RECIPIENT IS NON INDIVIDUAL AND THE INCOME EARNED IS/ARE DIVIDEND. INTEREST. AND/OR ROYALTY		
1. The entity is acting as an agent, nominee or conduit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (39)			
2. The entity has controlling rights or disposal rights on the income or the assets or rights that generate the income. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (40)			
5. No more than 50 percent of the entity's income is used to satisfy claims by other persons. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (41)			
6. The entity bear the risk on its own asset, capital, or the liability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (42)			
7. The entity has contract/s which obliges the entity to transfer the income received to resident of third party. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (43)			
PART VII	DECLARATION BY THE INCOME RECIPIENT		
I declared that I have examined the information provided in this form and to the best of my knowledge and belief it is true, correct, and complete. I further declared that <input type="checkbox"/> I am not an Indonesian resident taxpayer, will not be an Indonesian resident taxpayer during the period mentioned in Part II. (44)			
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 20px;"> Lighthouse Intelligence Ltd. 59 St Martin's Lane-Suite 8 WC2N 4JS, London United Kingdom GB141985201 </div> <div> <input checked="" type="checkbox"/> this company is not an Indonesian resident taxpayer and/or not a resident taxpayer of the country other than mentioned in Part I. (45) </div> </div>			
 (46)		London	01 / 01 / 2025
Signature of the income recipient or individual authorized to sign for the income recipient		Place, date (mm/dd/yy)	CFO, Matthias Geeroms (48) Capacity in which acting
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