



**CERTIFICATE OF DOMICILE OF NON RESIDENT  
FOR INDONESIA TAX WITHHOLDING (FORM – DGT 2)**

**Guidance:**

This form is to be completed by a person (which includes a body of person, corporate or non corporate) who is a resident of a country which has concluded Double Taxation Convention (DTC) with Indonesia, who:

- is a banking institution, or
- claims relief from Indonesia Income Tax in respect of income arises from the transfer of bonds or stocks which traded or registered in Indonesia stock exchange and earned the income or settled the transaction through a Custodian in Indonesia, other than interest and dividend.

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 resident before submitted the Certificate to a Custodian.

Name of the Country of Income Recipient: \_\_\_\_\_ (1)

Name of the Income Recipient : \_\_\_\_\_ (2)  
Tax ID number : \_\_\_\_\_ (3)  
Address : \_\_\_\_\_ (4)

**DECLARATION BY THE INCOME RECIPIENT:**

1. I declare that I am a resident of \_\_\_\_\_ (5) [name of the state of residence] for income tax purposes within the meaning of Double Taxation Convention of both countries;
2. In relation with the earned income, ☐ I am ☐ this company is not acting as an agent or a nominee; (Please check the box accordingly)
3. The beneficial owner is not an Indonesian resident taxpayer and ☐ I am ☐ this company is not an Indonesian resident taxpayer; and (Please check the box accordingly)
4. I have examined the information stated on this form and to the best of my knowledge and belief it is true, correct, and complete;

\_\_\_\_\_  
Signature of the income recipient or individual  
authorized to sign for the income recipient (6)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yy) (7)

\_\_\_\_\_  
Capacity in which acting (8)

\_\_\_\_\_  
Contact Number (9)

**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 \_\_\_\_\_ (10) [name of the state] within the meaning of the Double Taxation Convention in accordance with Double Taxation Convention concluded between Indonesia and \_\_\_\_\_ (11) [name of the state of residence].

Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ (14)

\_\_\_\_\_  
Name and Signature of the Competent Authority or  
his authorized representative or authorized tax office (12)

\_\_\_\_\_  
Capacity/designation of signatory (13)

Official Stamp  
(if any)

Office address: \_\_\_\_\_ (15)

This form is available and may be downloaded at website: <http://www.pajak.go.id>

This certificate is valid for 12 (twelve) months commencing from the date of certification.

**INSTRUCTIONS**  
**FOR CERTIFICATE OF DOMICILE OF NON RESIDENT**  
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**Number 1:**

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

**Number 2:**

Please fill in the name of the income recipient.

**Number 3:**

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

**Number 4:**

Please fill in the income recipient's address.

**Number 5:**

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 6:**

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

**Number 7:**

Please fill in the place and date of signing.

**Number 8:**

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

**Number 9:**

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

**Number 10 and 11:**

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

**Number 12 and 13**

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 13.

**Number 14:**

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

**Number 15:**

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