



DIRECÇÃO GERAL RECEITAS

DIRECÇÃO NACIONAL DE RECEITA PETROLIFERAS E MINERAIS

Building #5 (Ground Floor), Palácio do Governo RDTL, Avenida do Presidente de Nicolau Lobato

P.O Box-18, Díli, Timor-Leste, Phone- +(670) 333 9542

Web: www.mof.gov.tl/Taxation/Petroleum

“Seja um bom cidadão, seja um novo héroi para a nossa”

TAX IDENTIFICATION NUMBER (TIN) REGISTRATION FORM FOR PETROLEUM TAXPAYERS

1. DO YOU HAVE A TAX IDENTIFICATION NUMBER (TIN)?

Yes [] No []

If 'yes', please provide your TIN

2. ENTERPRISE TYPE (place an X in one box only)

- [] Sole trader [] General Partnership [] Partnership Limited by Shares [] Single shareholder private company [] Private Limited Company [] Joint Stock Company [] Unincorporated Association [] Other (give details)

3. WHAT IS THE LEGAL NAME OF YOUR ORGANIZATION (TAXPAYER)?

(i.e. Partnership/Joint Venture name, Company Name, Trust Name. If you are a sole trader, the owner's name.)

IF YOU ARE A SOLE TRADER, WHAT IS YOUR DATE OF BIRTH? ___/___/___ (dd/mm/yyyy)

4. WHAT IS YOUR BUSINESS REGISTRATION number from Timor-Leste? _____ REGISTRATION DATE ___/___/___

Provide a copy of your Business Registration Certificate

Copy attached []

5. TO BE COMPLETED BY COMPANIES ONLY

What is your country of incorporation? _____

Company must provide a copy of their certificate of incorporation and a copy of the company's memorandum or agreement, articles of association and IDs valid (passport and Individual Id Cards valid) of the person who signs this TIN application form on behalf (authorization Letter) of the taxpayer. Tick (X) in box as below:

Table with 4 columns: Certificate of Incorporation Attached, Articles of Association attached, Memorandum of Agreement attached, Id as Passport and Id Card Attached. Each cell contains a checkbox.

6. WHAT IS YOUR MAIN TRADING NAME? _____

7. WHAT DATE DID YOU COMMENCE, OR DO YOU INTEND TO COMMENCE BUSINESS ACTIVITIES IN TIMOR-LESTE EXCLUSIVE AREA (Onshore or Offshore) OR JPDA? ___/___/___ (dd/mm/yyyy)

8. LOCATION OF THE BUSINESS (PLEASE TICK X IN BOX)

Four boxes for location: Bayu Undag, Greater Sunrise, Non - Annex F JPDA area, TLEA (Offshore/Onshore). Each box contains a checkbox.

9. WHAT IS YOUR TRADE TYPE (Place an X in one box only)

- Oil and Gas Operations [] Construction and/or Consultancy [] Drilling Services [] Support Services to Oil and Gas Industry [] Other []

10. BRIEFLY DESCRIBE THE MAIN ACTIVITY FROM WHICH YOU DERIVE MOST OF YOUR BUSINESS INCOME

(a) Type of business operation (for example: oil & gas, construction, drilling works, shipping, air transport, supply etc.)

(b) Source of Operations (i) PSC Area: _____ (For PSC Contractors)

(ii) Name (s) of major client(s): i) _____ (For Sub-contractors)

ii) _____

iii) _____

Please attached copy of Contract agreement seperately

11. ARE YOU A RESIDENT OF TIMOR LESTE FOR TAX PURPOSE? Yes No
IF NO, DO YOU HAVE A PERMENANT ESTABLISHMENT (PE) IN TIMOR LESTE? Yes No
If your answers are no to both of the above questions, Number of approximate days you will be conducting activities in the JPDA or in Timor-Leste in any 12 months period: days

12. IN WHICH LANGUAGE WOULD YOU PREFER TO RECEIVE CORRESPONDENCE AND PUBLICATIONS FROM THE NATIONAL DIRECTORATE OF PETROLEUM REVENUE?
English Portuguese Tetum Bahasa Indonesia

13. WHAT IS YOUR ESTIMATED ANNUAL GROSS REVENUE? \$ _____ USD

14. WHAT IS YOUR MAIN TRADING ADDRESS?

Telephone Number _____ Mobile Number _____
Fax Number _____ E-mail Address _____

15. WHAT IS YOUR BRANCH OR COUNTRY REPRESENTATIVE TRADING ADDRESS IN TIMOR-LESTE?

Telephone Number _____ Mobile Number _____
Fax Number _____ E-mail Address _____

16. WHAT IS YOUR ADDRESS FOR CORRESPONDENCE

17. NUMBER OF PAID EMPLOYEES? 0 the reason :
1-4 5-20 20+

(Place an X in one box only)
Please fill number of Employees are

Resident employees persons	Non-Resident Employees persons
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If there is any change in number of Employees, please confirm with Timor-Leste Tax Authority, with official documents

18. CONTACT DETAILS
Provide contact details of the person that we can contact to discuss your tax affairs during ordinary business hours

Family Name _____ Given Name _____ Other Names _____
Position _____
Telephone Number _____ Mobile Number _____
Fax Number _____ E-mail Address _____
Po. Box No. _____

19. MULTIPLE ESTABLISHMENTS
DO YOU HAVE MORE THAN ONE TRADING NAME? Yes No
List the details of each establishment owned by you (other than the main establishment). If you have more than one additional establishment, please provide the details on a separate sheet of paper.

Trading Name _____
Street No. _____ Street Name _____
Village _____ Sub-district _____ District _____
Telephone Number _____ Mobile Number _____
Fax Number _____ E-mail Address _____
Date of business activity commenced ____/____/____ (dd/mm/yyyy)
Business Activity _____

20. ARE YOU PAYING RENT ON ANY/ALL OF YOUR PREMISES IN TIMOR-LESTE ? Yes No
 If 'yes', what is your total monthly rental payment? \$ _____USD and please attached lease agreement!

LANDLORD DETAILS:
 Title _____ Family Name _____ Given Name _____ Other Names _____
 Street No. _____ Street Name _____
 Village _____ Sub-district _____ District _____
 Email : _____ Telephone Number _____ Mobile Number _____

21. ENTERPRISE OWNERSHIP DETAILS (Only complete this if you are a partner in a partnership/joint venture or trustee of a trust. Provide details of additional owners on a separate sheet of paper.)
 Tax Identification Number (TIN) _____
 Title _____ Family Name _____ Given Name _____ Other Names _____
 Date of Birth ____/____/____ (dd/mm/yyyy) Position held: Partner Trustee
 Ownership start date ____/____/____ (dd/mm/yyyy) % Ownership in business _____%

22. All contact person during trading activities (min : 3 persons) from internal of your company not from consultants or other persons, if there is any change please inform Timor-Leste Tax Authority in advance.

	Name	Position	Email in active
1			
2			
3			

COMMENTS/ADDITIONAL INFORMATION

DECLARATION
 I DECLARE THAT I AM CARRYING ON THE ABOVE MENTIONED ENTERPRISE AND CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND CORRECT.

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>
NAME	DESIGNATION
<input type="text"/>	<input type="text"/>

NDPMR OFFICE USE ONLY

TIN: _____ **TIN Letter delivered by:** _____ **Date** _____
Tax Account Numbers to be maintained in SIGTAS:

PETROLEUM FWTAX NRES	<input type="text"/>	PETROLEUM FWTAX RES	<input type="text"/>
PETROLEUM WAGES NRES	<input type="text"/>	PETROLEUM WAGES RES	<input type="text"/>
PETROLWUM VAT	<input type="text"/>	PETROLEUM INCOME TAX	<input type="text"/>
PETROLEUM APT	<input type="text"/>	PETROLEUM SPT	<input type="text"/>

Note: Properly filled in registration form should be sent to National Directorate of Petroleum and Mineral Revenue through postal mail to P.O Box No. 18, Dili, Timor Leste or electronically to anyone of the following contacts.