



FORM DGT

Guidance :

1. This form is to be completed by a person (individual or non-individual) that is a resident of a country/jurisdiction that has concluded a Double Taxation Agreement (DTA) with Indonesia.

2. For a person that is a:

- a banking institution; or
- a pension fund,

Complete only DGT Page 1

3. For an individual, **complete PART I and PART II on page 1 and PART IV and PART VI on page 2.**

4. For a non-individual other than those mentioned in no. 2, **complete PART I and PART II on page 1 and PART V and PART VI on page 2.**

All particulars in the form are to be properly furnished and the form should 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 being submitted to Indonesian withholding agent.

Part I INCOME RECIPIENT

Tax ID Number	:	201923347M	(1)
Name	:	Qapita Fintech Pte. Ltd.	(2)
Full address	:	36 ROBINSON ROAD, #20-01 CITY HOUSE, SINGAPORE 068877	(3)
Country / Jurisdiction	:	Singapore	(3)
Contact Number	:	+65 9295 2145 (5) email : billig@qapita.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 tax resident of Singapore
(7) from 01 (8) 2026 (9) to 12 (10) 2026 (11) within
the meaning of the DTA concluded between Indonesia and Singapore (12)


Amit Majumder (13)

Name and Signature of the Competent Authority or
his authorized representative or authorized tax



Head of Equity Management (14)

Capacity/designation of
signatory

Singapore, 01 / 14 / 26 (15)

Place, date (mm/dd/yy)

Office address : 36 ROBINSON ROAD, #20-01 CITY HOUSE, SINGAPORE 068877 (16)

Part III DECLARATION BY THE INCOME RECIPIENT (BANKING INSTITUTION AND PENSION FUND)

I declared that:

- 1 the income recipient is not an Indonesian resident taxpayer;
- 2 the income recipient is a resident of (17) for tax purposes pursuant to the applicable DTA;
- 3 the purpose of the transaction is not to obtain the benefit under the DTA directly or indirectly that is contrary to the object and purposes of the DTA;
- 4 in relation with the earned income, the income recipient is not acting as an agent, nominee, or conduit;
- 5 the beneficial owner is neither an Indonesian resident taxpayer nor a resident taxpayer of the country/jurisdiction other than that mentioned in Part I; and
- 6 I have examined the information stated on this form and it is true, correct, and complete to the best of my knowledge and belief.

(18)

, / /

(19)

(20)

Signature of the income recipient or individual
authorized to sign for the income recipient

Place, date (mm/dd/yy)

Capacity/designation
of the signatory

Part IV**TO BE COMPLETED IF THE INCOME RECIPIENT IS AN INDIVIDUAL**

1. Place and Date of Birth (mm/dd/yyyy) : _____ / _____ / _____ (21)

2. The purpose of the transaction is to obtain the benefit directly or indirectly under the DTA that is contrary to the object and purposes of the DTA. Yes No (22)

3. Are you acting as an agent or a nominee? Yes No (23)

4. Do you have a permanent home in Indonesia Yes No (24)

5. What country/jurisdiction do you ordinarily reside in? _____ (25)

6. Have you ever been resided in Indonesia? Yes No (26)
If yes, what period (dd/mm/yyyy)? _____ / _____ to _____ / _____
Please provide the address : _____

7. Do you have any office, or other place of business in Indonesia? Yes No (27)
If so, please provide the address : _____

Part V**TO BE COMPLETED IF THE INCOME RECIPIENT IS A NON-INDIVIDUAL**

1. Country/jurisdiction of registration or incorporation : Singapore (28)

2. Country/jurisdiction where the place of management or control resides Singapore (29)

3. Address of Head Office : 36 ROBINSON ROAD, #20-01 CITY HOUSE, SINGAPORE 068877 (30)

4. Address of branches, offices, or other place of business in Indonesia (if any) : _____ (31)

5. The non-individual has relevant economic substance either in the non-individual's establishment or the transaction itself. Yes No (32)

6. The non-individual has the same legal form and economic substance either in the non-individual's establishment or the transaction itself. Yes No (33)

7. The non-individual has its own management to carry on the business and such management has an independent discretion. Yes No (34)

8. The non-individual has sufficient assets to carry on the business other than assets that generate the income from Indonesia. Yes No (35)

9. The non-individual has sufficient and qualified personnels to carry on the business Yes No (36)

10. The non-individual has business activity other than receiving dividend, interest, and/or royalty sourced from Indonesia. Yes No (37)

11. The purpose of the transaction is to obtain the benefit directly or indirectly under the DTA that is contrary to the object and purposes of the DTA. Yes No (38)

12. The non-individual is acting as an agent, nominee, or conduit. Yes No (39)

13. The non-individual has a controlling right or disposal right on the income or the assets or the rights that generate the income. Yes No (40)

14. No more than 50 percent of the non-individual's income is used to satisfy any claim by another person. Yes No (41)

15. The non-individual assumes risk on its own assets, liabilities, or capital. Yes No (42)

16. The non-individual has an obligation to transfer the income received to a resident of third country/jurisdiction. Yes No (43)

DECLARATION BY THE INCOME RECIPIENT

I declare that I have examined the information provided in this form and it is true, correct, and complete to the best of my knowledge and belief.

I further declare that: I am neither an Indonesian resident taxpayer nor will I be an Indonesian resident taxpayer during the period mentioned in Part II. (44)

the income recipient is neither an Indonesian resident taxpayer nor a resident taxpayer of the country/ jurisdiction other than that mentioned in Part I. (45)

 Amit Majumder

(46)

Singapore, 01 / 14 / 26

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Head of Equity Management

(48)

Signature of the income recipient or individual
authorized to sign for the income recipient

Place, date (mm/dd/yy)

Capacity/designation
of the signatory

**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.

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.

Number 39-43:
Please check the appropriate box in accordance with the claimant's facts and circumstances.

Part VI 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.