



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 been concluded Double Taxation Convention (DTC) with Indonesia
2. For person who is:
 - a banking institution, or
 - a pension fund, or**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 | : | 13-0433430 | (1) |
| Name | : | AMERICAN PETROLEUM INSTITUTE | (2) |
| Full address | : | 200 MASSACHUSETTS AVE NW, WASHINGTON DC 20001 | (3) |
| Country | : | USA | (3) |
| Contact Number | : | 202-682-8000 | (5) |
| email | : | QUALITYFINANCE@API.ORG | (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 _____ (8) _____ (9) within the meaning of the Double Taxation Convention in accordance with Double Taxation Convention concluded between Indonesia and _____ USA (12) | | | |
| <div style="border: 1px dashed black; border-radius: 50%; padding: 10px; display: inline-block;">Official Stamp (if any)</div> | | | |
| Name and Signature of the Competent Authority or his authorized representative or authorized tax office | | Capacity/designation of signatory | Place, date (mm/dd/yy) |
| _____ (13) | | _____ (14) | 1/1/2025 (15) |
| 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 is 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 Indonesia 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 on this form and to the best knowledge and belief it is true, correct and complete. | | | |
| Signature of the income recipient or individual authorized to sign for the income recipient | | Place, date (mm/dd/yy) | Capacity in which acting |
| _____ (18) | | _____ (19) | _____ (20) |

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 purpose of the transactions is to directly or indirectly obtain the benefit under the convention that is contrary to the object and purpose of the DTC ☐ Yes ☐ No (22)
3. Are you acting as an agent or a nominee? ☐ Yes ☐ No (23)
4. Do you have permanent home in Indonesia ☐ Yes ☐ No (24)
5. In what country do you ordinarily reside? _____ (25)
6. Have you ever been resided in Indonesia? ☐ Yes ☐ 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? ☐ Yes ☐ 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 : USA (28)
2. Which country does the place of management or control reside? USA (29)
3. Address of Head Office : 200 MASSACHUSETTS AVE NE, WASHINGTON DC 20001 (30)
4. Address of branches, offices, or other place of business in Indonesia (if any) : N/A (31)
5. The entity has relevant economic substance either in the entity's establishment or the execution of its transaction. ☒ Yes ☐ 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. ☒ Yes ☐ No (33)
7. The entity has its own management to conduct the business and such management has an independent discretion. ☒ Yes ☐ No (34)
8. The entity has sufficient assets to conduct business other than the assets generating income from Indonesia. ☒ Yes ☐ No (35)
9. The entity has sufficient and qualified personnel to conduct the business. ☒ Yes ☐ No (36)
10. The entity has business activity other than receiving dividend, interest, royalty sourced from Indonesia. ☒ Yes ☐ 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 ☐ Yes ☒ 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 ☐ Yes ☒ No (39)
2. The entity has controlling rights or disposal rights on the income or the assets or rights that generate the income ☒ Yes ☐ No (40)
3. No more than 50 per cent of the entity's income is used to satisfy claims by other persons. ☒ Yes ☐ No (41)
4. The Entity bear the risk on its own asset, capital, or the liability ☒ Yes ☐ No (42)
5. The entity has contract/s which obliges the entity to transfer the income received to resident of third party ☐ Yes ☒ No (43)

Part VII

DECLARATION BY THE INCOME RECIPIENT

I declare 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 ☐ I am not an Indonesia resident taxpayer, will not be an Indonesian resident taxpayer during the period mentioned in part II. (44)

☒ This company is not an Indonesian resident taxpayer and/or not a resident taxpayer of the country other than mentioned in Part I. (45)

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

Washington, DC 1/1/2026
Place, date (mm/dd/yy)

Director & Assistant Controller
Capacity in which acting

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