

Application for approval to be entitled to reduced/0% withholding tax

1. Applicant

Date:

	Das / Dusines Desistanties
Name	ID no./ Business Registration
	Number/Tax ID
Address, complete postal address, country	
Address, complete postal address, country	
E-mail	Telephone
	relephone
Authorized representative	
Address of authorized representative	

I/ We apply for approval to be comprised by:

- the Double Taxation Treaty between Norway and ______.
 OR
- the Norwegian tax exemption method, cf. Section 2-38 (1) litra i of the Tax Act (only applicable to non-personal shareholders resident in the EEA).

2. Information regarding organizational structure

For application under the tax exemption method: please state which Norwegian entity the shareholder is comparable to in the Norwegian Tax Act (section 2-38 (1) litra i) and list similarities to support this claim. Do the owners have limited liability for the entity's debt?



3. Certificate of residence issued by the Competent Authority in the country of permanent residence

For application under the Norwegian tax exemption method:

We certify that ________ is resident in _______.

For application under the Double Taxation Treaty:

We certify that ______ is resident in ______
 for the purpose of the Double Taxation Treaty between Norway and _______

Date

Stamp, signature and address of the Competent Authority

Please note

- An approval will remain valid as long as the actual conditions on which the approval is based remain unchanged.
- The certificate of residence must be signed by the tax authorities in the applicant's country of residence. Alternatively, enclose a separate certificate of residence issued by the tax authorities. The certificate of residence cannot be older than 6 months. For application under the tax exemption method, a confirmation from public authorities that the shareholder is registered and based within the EEA may suffice instead of a certificate of residence.
- The application must be signed. If an authorised representative signs the application, a power of attorney must be enclosed with the application.
- The Central Office Foreign Tax Affairs reserves the right to withdraw the approval.

I/we declare that the information given in this form is correct. I/we hereby apply for approval to be entitled to reduced/0% withholding tax.

Date

Signature of applicant