## MINISTRY OF FINANCE OF THE REPUBLIC OF INDONESIA **DIRECTORATE GENERAL OF TAXES**

(FORM DGT)

## 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 concluded a Double Taxation Convention (DTC) with Indonesia.
- 2. For person who is:
  - a banking institution, or
  - a pension fund

completes only DGT Page 1.

3. For Individual, completes PART 1 and PART II of DGT Page 1, and PART IV and PART VII of DGT

## Page 2.

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

are to be properly furnished, and the form shall be signed as completed. This form particulars in the form be certified by the Competent Authority or his authorized representative or authorized tax office in the must where the receipent is a tax resident before submited to Indonesia country income withholding

PART I	INCOME RECIPIENT			
Tax ID Number	: 47-4554430			
Name	Functional Software Inc dba Sentry			
Full address	: 45 Fremont St, 8th Floor, San Francisco, CA 94105			
Country	: USA			
Contact Number	855-380-4526 Email: ar@sentry.io			
PART II  CERTIFICATION BY COMPETENT AUTHORITY OR AUTHORIZED TAX OFFICE OF THE COUNTRY OF RESIDENCE				
For the purpose o	of tax relief, it is hereby confirmed that the taxpayer mentioned in Part I is a resident in United States of America			
for the period	January 2024 to December 2024 within the meaning of Double			
Taxation Convention	n in accordance with Double Taxation Convention concluded between Indonesia and United States of American	ica		
Karin Reahard  Karin Reahard  Name and Signature of the Competent Authority or his authorized representative or authorized tax office  Office address:  Senior Accounting Manager San Francisco, CA / 12 / 6 / 2023  Capacity / designation of Place, date (mm/dd/yy) signatory  45 Fremont St, 8th Floor, San Francisco, CA 94105				
PART III	DECLARATION BY THE INCOME RECIPIENT (BANKING INSTITUTION AND PENSION			
	FUND )			
I declated that :				
	y is not an Indonesian resident taxpayer;			
<ol><li>this company a of both countril</li></ol>				
3. the purpose				
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 benefical owner is not an Indonesian 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.				
•				
	me recipient or individual Place, date ( mm / dd / yy ) Capacity in which acting	—		
authorized	to sign for the recipien  This form is available and may be downloaded at this website: http://www.pajak.go.id	_		

Pai	TO BE COMPLETED IF THE INCOME RECIPIENT IS AN INDIVIDUAL				
l.	Place and Date of birth (mm/dd/yyyy) :				
2.	The pusposes 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	*)		
3.	Are you acting as an agent or nominee ?	Yes No	*)		
4.	Do you have permanent home in Indonesia ?	Yes No	*)		
5.	In what country do you ordinarily reside ?	Yes No	*)		
6.	Have you ever been resided in Indonesia ?	Yes No	*)		
	If so, in what period ?/ to/				
7.	Do you have any office, or other place of business in Indonesia?	Yes No	*)		
	If so, please provide the address				
Dai	TO BE COMPLETED IF THE INCOME RECIPIENT IS NON INDIVIDUAL				
1.					
2.	Which country does the place of management or control reside?				
3.	Address of Head Office: 45 Fremont St, 8th Floor, San Francisco, CA 94105, USA				
1	Address of branches, offices, or other place of business in Indonesia (if any):  NONE				
٦.	Address of branches, offices, of other place of business in Indonesia (if any).				
5.	The entity has relavant economic substance either in the entity's establishment or the execution of its transaction.	x Yes	No*)		
6.	The entity has the same legal form and economic substance either in the entity's establishment or the execution of its transaction	x Yes	No*)		
7.	The entity has its own management to conduct the business and such management has an independent discretion.	x Yes	No*)		
8.	The entity has sufficient assets to conduct business other than the assets generating income from Indonesia.	x Yes	No*)		
9.	The entity has sufficient and qualified personel to conduct the business.	x Yes	No*)		
10.	The entity has business activity other than receiving dividend, interest, royalty sourced from Indonesia	x Yes	No*)		
11.	The purposes of the transaction is to directly or indirectly obtain the benefit	Yes	κ No*)		
	under the convention that is contrary to the object and purpose of the DTC.				
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	κ No*)		
2.	The entity has controlling rights or disposal rights on the income or the	x Yes	No*)		
2	assets or rights that generate the income.	□ у Г	N-*)		
3.	No more than 50 per cent of the entity's income is used to satisfy claims by other persons.	x Yes	No*)		
4.	The entity bear the risk on its own asset, capital, or the liability	x Yes	No*)		
5.	The entity has contract/s which obliges the entity to transfer the income received to resident if third party.	Yes	κ No <sup>*)</sup>		
Pai	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 am not an Indonesian resident taxpayer, will not be an Indonesia resident taxpayer during the period mentioned in Part II.					
	taxpayer and/or not a result the Country other than m	sident taxpayer (	of		
	Karin Reahard	a Maraas:			
	CA, USA 12 6 23 Sr Accountin  Signature of the income recipient or individual authorized to sign for the income recipient  A place, date (mm/dd/yy) Capacity / designs authorized to sign for the income recipient				
	This form is available and may be downloaded at this website: http://www.naiak.go.id				