



**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.**
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 receipt is a tax resident before submitted to Indonesia 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 of tax relief, it is hereby confirmed that the taxpayer mentioned in Part I is a resident in United States of America within the meaning of Double Taxation Convention in accordance with Double Taxation Convention concluded between Indonesia and United States of America for the period January 2025 to December 2025



Karin Reahard Senior Accounting Manager San Francisco, CA / 01 / 30 / 2025
 Name and Signature of the Competent Authority or his authorized representative or authorized tax office Capacity / designation of signatory Place, date (mm/dd/yy)

Office address: 45 Fremont St, 8th Floor, San Francisco, CA 94105

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 a resident of _____ 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 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.

 Signature of the income recipient or individual authorized to sign for the recipient Place, date (mm / dd / yy) Capacity in which acting

Part IV

TO BE COMPLETED IF THE INCOME RECIPIENT IS AN INDIVIDUAL

1. Place and Date of birth (mm/dd/yyyy) : _____ / _____ / _____
2. The purposes 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 _____

Part V

TO BE COMPLETED IF THE INCOME RECIPIENT IS NON INDIVIDUAL

1. Country of registration/incorporation: USA
2. Which country does the place of management or control reside? USA
3. Address of Head Office: 45 Fremont St, 8th Floor, San Francisco, CA 94105, USA
4. Address of branches, offices, or other place of business in Indonesia (if any): NONE
5. The entity has relevant economic substance either in the entity's establishment or the execution of its transaction. 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 Yes No^{*)}
7. The entity has its own management to conduct the business and such management has an independent discretion. Yes No^{*)}
8. The entity has sufficient assets to conduct business other than the assets generating income from Indonesia. Yes No^{*)}
9. The entity has sufficient and qualified personnel to conduct the business. Yes No^{*)}
10. The entity has business activity other than receiving dividend, interest, royalty sourced from Indonesia Yes No^{*)}
11. The purposes 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^{*)}

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^{*)}
2. The entity has controlling rights or disposal rights on the income or the assets or rights that generate the income. Yes No^{*)}
3. No more than 50 per cent of the entity's income is used to satisfy claims by other persons. Yes No^{*)}
4. The entity bear the risk on its own asset, capital, or the liability Yes No^{*)}
5. The entity has contract/s which obliges the entity to transfer the income received to resident if third party. Yes No^{*)}

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 am not an Indonesian resident taxpayer, will not be an Indonesia resident taxpayer during the period mentioned in Part II.

this company is not and Indonesian resident taxpayer and/or not a resident taxpayer of the Country other than mentioned in Part I.

Karin Reahard

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

CA, USA 01 30 25
Place, date (mm/dd/yy)

Sr Accounting Manager
Capacity / designation if signatory