



TIN APPLICATION

ENTERPRISE - DOMESTIC

FORM-001

This form is only use for enterprise type: Unipessoal, Lda, Lda, e.n.i.n. (Sole Trader), Foundation, Branch of Foreign Company State Owned Enterprise, S.A Association, and Cooperative.

SECTION 1 - GENERAL INFORMATION

(Legalbase: Under the sec. 48 of UNTAET REGULATION 2000/18 as amended)

Enterprise Name : Trade Name:

Enterprise Type:

<input type="checkbox"/> UNIPessoal LDA	<input type="checkbox"/> LDA	<input type="checkbox"/> BRANCH OF FOREIGN COMPANY	<input type="checkbox"/> S.A	<input type="checkbox"/> COOPERATIVE
<input type="checkbox"/> E.N.I.N. (SOLE TRADER)	<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> STATE OWNED ENTERPRISE	<input type="checkbox"/> ASSOCIATION	

Trading\Mailing Address:

Country :
District:
Sub-District:
Village:
Street Name:
Postcode:

Enterprise Contact Information :

Email:
Phone:
Fax No:

For official correspondence !

☐ Email Address
☐ Mailing Address

Preferred Language of Correspondence: ☐ Tetun ☐ Portuguese ☐ English

SECTION 2 - PRIMARY AUTHORIZED CONTACT PERSON FOR ENTITY

First Name*: Middle: Surname*:

Position Held*: Mobile Phone Number*: Email*:

SECTION 3 - REPRESENTATIVE OR REFEREE

Important: Director or Representative living in Timor-Leste must be designated as responsible for tax matters.

First Name*: Middle: Surname*:

Position Held*: Mobile Phone Number*: Email*:

SECTION 4 - OWNERSHIP

List of Ownership's share participation of this Enterprise (100%): Please provide external excel/table if more than 3

No.	Owner Name	TIN	Ownership (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5- DIRECTORSHIP, (INCLUDES; DIRECTOR, TRUSTEE, PARTNER, ETC. WHERE RELEVANT)

no	name	Phone Number/Email	TIN (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3 - DESCRIPTION OF BUSINESS ACTIVITIES

* Primary Activity : ISIC Code:

Enterprise Started Date: / /

ISIC Code of secondary activities: (if none, put N/A)

1. 3. 5. 7. 9.
2. 4. 6. 8. 10.

Questions:

1. Do the enterprise has an investment certificate? ☐ No ☐ Yes *if, yes. What tax type are you exempt? , Tax Type*
2. How many employees will you have? *Non-resident: --- Resident: ---*
3. What was your gross income during the last 12 months of operations? *USD*
4. What is your expected gross income next 12 Months? *USD*
5. Will the enterprise be paying rent for land, buildings, or Apartments? ☐ No ☐ Yes *----- If Yes, Please provide Withholder TIN:*
6. Will the enterprise be receiving royalties? ☐ No ☐ Yes
7. Will the enterprise provide construction and consulting Service ☐ No ☐ Yes
8. Will the enterprise provide air or sea transportation services? ☐ No ☐ Yes
9. Will the enterprise be providing designate services? ☐ No ☐ Yes
10. Will the enterprise be paying for services/subcontracts to individuals or enterprises outside Timor-Leste? ☐ No ☐ Yes *----- If Yes, ☐ Catering ☐ Hotel ☐ Bar ☐ Restaurant ☐ Telecommunication*

SECTION 4 - BANK INFORMATION

no	Bank Name	Bank Account	Lokalizaun Banku
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 6 - SUPPORTING DOCUMENT

- ☐ Copy of the Articles of Company ☐ List of Employee Citizen and Non - Resident (TIN)
- ☐ Copy of Certidão Registo Comercial - CRC ☐ Any other document relevant to this application
- ☐ Map location of each establishment

Important: If Employee does not has a TIN, please fill up Individual form and submit with employment contract.

I, _____ (name of Owner applicant or official Representative) certify that all of the information provided by me is true and accurate. I am aware that providing false information is punishable by Law.

Signature of applicant or official Representative: _____ Date: ____/____/____

Please contact the National Directorate of Domestic Revenue if you have any questions about this application form, tax matters or tax obligations. You are responsible to know the **tax laws** of Timor-Leste as they apply to you. The **tax laws** and explanations are available on <https://atl.gov.tl/>.

OFFICE USE ONLY

☐ Approved ☐ TIN Registered: _____

☐ Rejected ☐ Reason: _____

Tax Division assigned to:

☐ Dili ☐ Baucau ☐ Bobonaro ☐ RAEQA ☐ Lautem ☐ Viqueque ☐ Manatuto ☐ Aileu
☐ Suai ☐ Ermera ☐ Maliana ☐ Ainaro ☐ Bobonaro

Official Name: _____ Signature _____ Date: ____/____/____