

# Application for Exemption under s.16 of Business Profit Tax Act

- Submit this form to apply for exemption under Section 16 of the Business Profit Tax Act (Law Number 5/2011).
- This exemption only applies to non-resident owners, charterers or lessors of a ship or aircraft. This includes the leasing of ship or aircraft engines or spare parts which are integral to the seaworthiness of a ship or airworthiness of an aircraft, in accordance with any maritime or aviation law of the Maldives.
- You may refer to Tax Ruling TR-2015/B43 (Business Profit Tax: Application for exemption under section 16 of the Business Profit Tax Act) for the general procedure on applying for this exemption.
- This exemption becomes effective only upon written notification of the Commissioner General and apply to payments made on or after the date on which all the documents required under paragraph 6 of Tax Ruling TR-2015/B43 are submitted to MIRA.

## 1. Applicant details

*Details of the non-resident to whom this exemption applies*

Full name of the entity

Registered address

Street Address

City

Postcode

Country

Country in which central management and control of the entity is situated

## 2. Conditions for Section 16 to apply

*Tick if they apply*

- The applicant is not a resident of the Maldives
- The applicant is an owner, charterer or lessor of a ship or an aircraft (incl. engines and spare parts)
- The applicant does not carry on any other business in the Maldives

## 3. Person to contact regarding this application

Name

Designation

Organization

Contact Number

Email Address

## Document Checklist

*You are required to submit these documents together with this application*

- Verification from external auditor that the applicant does not carry on any other business in the Maldives
- Verification from external auditor on the location of central management and control of the applicant
- Agreements and other documents that give rise to the payment subject to withholding tax *(if applicable)*

## Declaration

I declare that the information provided in this form is true and correct.

Title

First Name

Other Names

Contact Number

Designation

Date

Signature & Seal

## For Office Use Only

Received By

Verified By

Received Date

All Documents Received Date