

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