

**THE INCOME TAX (TRANSFER PRICING) REGULATIONS 2018**

**TRANSFER PRICING DECLARATION FORM**

(*Please refer to the attached guidelines to complete this form*)

# PART A: PARTICULARS OF REPORTING COMPANY OR ENTITY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**A1**: Name of Reporting

Company or Entity

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**A2**: Incorporation Number

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**A3**: Country of

Incorporation:

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**A4**: Nigeria Tax Identification Number

**A5:** Foreign Tax Identification

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Number

**A6**: Registered Address

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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please Note:

1. This form may be completed electronically, printed, signed and packaged separately with a copy each of audited financial statements, self-assessment and tax computation for submission at the tax office where taxpayer’s file is resident.
2. This form is to be completed once except in the occurrence of the events contained in the regulations. Failure to submit this form on time attracts penalty as prescribed in the regulation.

**A7**: Mailing Address in Nigeria:

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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**A8**: Business Locations:

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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***(Use separate sheets for additional business activities sited in different locations)***

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**A9**: Telephone Numbers

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**A10**: E-mail Address

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**A11**: Web Address

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| --- | --- | --- |
|  | Address as in A7 above |  |

**A12**: Address Where Company’s records are kept (*Please mark appropriate box with “X”*) Address as in A6 above

|  |
| --- |
|  |

Address as in A8 above

Other address (*Please specify*):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**A13**

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Principal Business Activities

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**A14**: Ownership of Company (*Place “X” in all applicable boxes*):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Entity of a  Nigerian  Government | Entity of a  Foreign  Government | Subsidiary or  Associate of a  Foreign  Company | Subsidiary or Associate of a Nigerian  Company | Parent of foreign subsidiary | Parent of Nigerian subsidiary | Branch or PE of a foreign Company |
|  |  |  |  |  |  |  |

**A15**: Profit Sharing Business Arrangements (*Place “X” in all applicable boxes*):

|  |  |  |  |
| --- | --- | --- | --- |
| Partnership | Joint Venture | Consortium | Others (Please specify) |
|  |  |  |  |

**A16**: Procurement Centre (*Place “X” in all applicable boxes*):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Operational Headquarters | Charitable Organisation | Investment  Holding Coy | Closedend Fund | Hub  Company | Others (Specify) |
|  |  |  |  |  |  |

**A17**: Sources of Fund (*Place “X” in all applicable boxes*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Foreign Fund | Nigerian Fund | International Institutions | Regional  Institutions | Others (Specify) |
|  |  |  |  |  |

# PART B: PARTICULARS OF IMMEDIATE PARENT COMPANY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**B1**: Name of Parent

Company

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**B2**: Incorporation Number

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**B3**: Nigeria Tax Identification Number

**B4**: Foreign Tax Identification

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Number

**B5**: Registered Address

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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **B6**: | E-mail Address |
| **B7**: | Web Address |
| **B8**: | Country of |
|  | Incorporation |
| **B9**: | Country of Tax Residence: |

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**B10**

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Principal Business Activities:

**B1**

**1**

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Contact Person:

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1. Name:

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1. Designation:

1. Address:

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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Mobile Number:

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1. E-mail Address:

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# PART C: DIRECTORS OF THE REPORTING COMPANY

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**C1**: Number of Directors:

**C2**: Provide summary of director’s particulars as indicated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SN | Name | Nationality | TIN | Tel. No. | %  Shareholding |
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(*Expand table or use additional sheets if more space is required)*

# PART D: MAJOR SHAREHOLDERS OF REPORTING COMPANY

(Persons owning 10% or more of Reporting Company)

**D1**: Number of major shareholders:

**D2**: Provide summary of major shareholders’ particulars as indicated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SN | Name | Nationality | TIN | Tel. No. | %  Shareholding |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

# PART E: OWNERSHIP STRUCTURE OF REPORTING COMPANY

**E1**: Foreign portion of paid-up capital (*Place “X” in the appropriate box*)

|  |  |  |
| --- | --- | --- |
|  | 51% - 75% |  |

Above 75% 26%-50%,

10%-25% Below 10%

**E2**: Minority Interest (Non-Control Interest) in paid-up capital

(*Place “X” in the appropriate box*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 31%-40%, |  | 21%-29% |  |

Above 40%

|  |  |  |
| --- | --- | --- |
|  | Below 10% |  |

11%-20%

# PART F: SUBSIDIARIES AND OTHER CONNECTED PERSONS

**F1**: Number of subsidiaries

**F2**: Provide summary of particulars of subsidiaries as indicated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SN | Name | Country of Tax Residence | TIN | Principal Business Activity | %  Shareholding |
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(*Expand table or use additional sheets if more space is required)*

**F3**: Provide summary of particulars of other connected persons as indicated below:

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| --- | --- | --- | --- | --- | --- |
| SN | Name | Country of Tax Residence | TIN | Principal Business Activity | Nature of Relationship |
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(*Expand table or use additional sheets if more space is required*

# PART G: PARTICULARS OF EXTERNAL AUDITORS OF REPORTING COMPANY

**G1**: Name of Auditors:

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| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**G2**: Address:

**G3**: E-mail Address:

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# PART H: PARTICULARS OF TAX CONSULTANTS OF REPORTING COMPANY

**H1**: Name of Consultants:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**H2**: Address:

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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**H3**: E-mail Address:

# PART J: PARTICULARS OF COMPANY SECRETARY OF REPORTING COMPANY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**J1**: Name:

**J2**: Address:

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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**J3**: E-mail Address:

# PART K: PARTICULARS OF THE PERSON MAKING THIS DECLARATION

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**K1**: Name

**K2**: Address:

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| House No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**K3**: Incorporation Number:

(*If not an individual*)

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**K4**: Tax Identification

Number

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**K5**: Office Telephone:

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**K6**: Mobile No:

K7: E-mail Address:

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**K8**: Web Address:

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**K9**: Designation:

**K10**: Signature: ……………………………………………………….. J10: Date………………………………

# PART L: DECLARATION

(To be completed by a Director or Company Secretary)

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with Identity Card No. /Passport No. \*

(\* *delete appropriately*) hereby declare that this form contains information that is true, correct and complete as at …………………………….. …………………20………………….

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**Designation**

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**Signature**

FOR OFFICE USE

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**Date**



**THE INCOME TAX (TRANSFER PRICING) REGULATIONS 2018**

**SCHEDULE C:**

**PARTICULARS OF DIRECTORS OF REPORTING COMPANY**

i. *This is an attachment to TP Declaration Form* ii. *Complete a separate schedule C for each director of the company* iii. *Enter all information in the English Language* iv. *Indicate the reporting company’s name and TIN on the spaces provided*)

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Reporting Company:

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Tax Identification Number:

SC1: Director

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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Identity Card or

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Int’l Passport No:

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Telephone No:

% of Company’s shares held by the director:

**Schedule C**: *Particulars of Directors of Reporting Company*



**THE INCOME TAX (TRANSFER PRICING) REGULATIONS 2018**

**SCHEDULE D:**

**PARTICULARS OF MAJOR SHAREHOLDERS OF REPORTING COMPANY**

i. *This is an attachment to TP Declaration Form* ii. *Complete a separate Schedule D for each major shareholder*

1. *Any person holding up to 10% of the company’s paid-up capital is a major shareholder*
2. *Enter all information in the English Language*
3. *Indicate the reporting company’s name and TIN on the spaces provided*)

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Reporting Company:

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Tax Identification Number:

SD1: Major Shareholder:

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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Identity Card or

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Int’l Passport No:

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Telephone No:

Total % of Reporting Company’s shares held:

**Schedule D**: *Particulars of Major Shareholders of Reporting Company*



**THE INCOME TAX (TRANSFER PRICING) REGULATIONS 2018**

**SCHEDULE F:**

**PARTICULARS OF SUBSIDIARY OR OTHER CONNECTED PERSON**

i. *This is an attachment to TP Declaration Form* ii. Complete a separate schedule F for every subsidiary of the companyiii. *Any company in which the reporting company owns more than 50% of its paid-up capital is its subsidiary*

1. *Enter all information in the English Language*
2. *Indicate the reporting company’s name and TIN on the spaces provided*)

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Reporting Company:

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Tax Identification Number:

SF1: Particulars of Connected Person:

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Incorporation Number:

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Tax Identification Number:

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| Postcode | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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E-mail Address:

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Web Address:

Nature of Relationship:

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| Ultimate Parent Coy | Common  Parent Coy | Common  Director | Common  Management | Dependent Agent | Principal of  Reporting Coy |
|  |  |  |  |  |  |

If subsidiary, % of ownership:

Principal Business Activities of subsidiary:

Contact Person:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Address:

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| City | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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1. Telephone Number:

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1. E-mail Address:

**Schedule F:**