

| | |
|-------|-----------------|
| Date: | Your reference: |
|-------|-----------------|

1. Claimant

| | |
|---|----------------------------------|
| First and last name(s): (Applicant(s) name(s) as appears on certificate(s) of residence.) | TIN (Tax Identification Number): |
| Postal address, country: | |
| E-mail: | Telephone: |

2. Representative

We give the below representative permission to submit this application on our behalf and to be the recipient of all communication in this regard.

| | |
|--------------------------|-----------------|
| Name: | Contact person: |
| Postal address, country: | |
| E-mail: | |

3. Double Taxation Treaty

Application for refund of Norwegian withholding tax under the Double Taxation Treaty between Norway and _____.

4. Certificate of residence ¹

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|---------------------------------|
| Name of competent authority: |
| Address of competent authority: |

We certify that the applicant(s) mentioned in section 1. was/were resident(s) in _____, during the year(s) _____, for the purpose of the Double Taxation Treaty between Norway and _____.

| | |
|-------|--|
| _____ | _____ |
| Date | Stamp and signature of Competent Authority |

¹ This form must be signed by the tax authorities in the claimant's country of residence. Alternatively, enclose a separate certificate of residence issued by the tax authorities.



6. Payment details ³

The account must be able to receive payments in NOK.

| | |
|--|------------|
| Name and address of the bank: | |
| IBAN: | SWIFT/BIC: |
| Account holder: | |
| Payment reference (max 20 characters): | |

7. Signature(s)

I/we, _____, declare that I/we am/are the beneficial owner(s) of the dividends listed in the application, and that the information given in this form is complete and correct. I/we hereby claim a refund of the above amount/the amount stated on separate overview.

| | |
|-------|---------------------------------------|
| _____ | _____ |
| Date | Signature of/on behalf of claimant(s) |

Please note:

- If there is insufficient space in any section of the form, you may enclose additional documentation and submit as part of your application.
- The application must be signed. If an authorised representative signs the claim, a power of attorney must be enclosed with the application.
- If the shares are owned by more than one individual (for example a spouse), all of the owners must sign the application/power of attorney. We also require certificate of residence for all the shareholders.
- Each credit advice must indicate that the dividend payment has been subject to withholding tax, not just tax. If the dividend has gone through a chain of transactions from the Norwegian company to the final recipient (the claimant), an overview of the chain of transactions must be submitted.
- Please be informed that submitted documentation will not be returned.
- You can find this application form on www.skatteetaten.no; topic search "withholding tax refund on dividends".
- Send application and documentation to:
Skatteetaten
Postboks 9200 Grønland
0134 Oslo
Norway

³. Please contact The Norwegian Tax Administration if the payment details change.