

# TRANSFER PRICING DECLARATION FORM

## PART A: PARTICULARS OF PARENT COMPANY

**A1** Name of company

**A2** RC. No.

**A3** Tax Identification Number (TIN)

**A4** Address

**A5** E-mail address

**A6** Resident in Nigeria (Indicate 'X') Yes  No

**A7** Tax ID of Non-resident Company

**A8** Country of incorporation

**A9** Principal Activities

**A10** Have the company complied with the TP Regulations? (Indicate 'X') Yes  No

**A11** If no, state reason(s) for non compliance .....

**A12** Is TP Documentation in place? (Indicate 'X') Yes  No

**A13** If no, state reason(s) for non compliance .....





**PART C: PARTICULARS OF DIRECTORS**

**c1 Director 1:**

**c1A Name**

**c1B Address**

**c1C Identity Card/  
Passport No.**

**c1D Telephone No.**

**c1E Tax Identification No. (TIN)**

**c1F Equity Shareholding (%)**

**c2 Director 2:**

**c2A Name**

**c2B Address**

**c2C Identity Card/  
Passport No.**

**c2D Telephone No.**

**c2E Tax Identification No. (TIN)**

**c2F Equity Shareholding (%)**

**C3 Director 3:**

**C3A Name**

**C3B Address**

**C3C Identity Card/  
Passport No.**

**C3D Telephone No.**

**C3E Tax Identification No. (TIN)**

**C3F Equity Shareholding (%)**

**C4 Director 4:**

**C4A Name**

**C4B Address**

**C4C Identity Card/  
Passport No.**

**C4D Telephone No.**

**C4E Tax Identification No. (TIN)**

**C4F Equity Shareholding (%)**

**C5 Director 5:**

**C5A Name**

**C5B Address**

**C5C Identity Card/  
Passport No.**

**C5D Telephone No.**

**C5E Tax Identification No. (TIN)**

**C5F Equity Shareholding (%)**

**C6 Director 6:**

**C6A Name**

**C6B Address**

**C6C Identity Card/  
Passport No.**

**C6D Telephone No.**

**C6E Tax Identification No. (TIN)**

**C6F Equity Shareholding (%)**

**C7 Director 7:**

**C7A Name**

**C7B Address**

**C7C Identity Card/  
Passport No.**

**C7D Telephone No.**

**C7E Tax Identification No. (TIN)**

**C7F Equity Shareholding (%)**

**C8 Director 8:**

**C8A Name**

**C8B Address**

**C8C Identity Card/  
Passport No.**

**C8D Telephone No.**

**C8E Tax Identification No. (TIN)**

**C8F Equity Shareholding (%)**

**C9 Director 9:**

**C9A Name**

**C9B Address**

**C9C Identity Card/  
Passport No.**

**C9D Telephone No.**

**C9E Tax Identification No. (TIN)**

**C9F Equity Shareholding (%)**

**C10 Director 10:**

**C10A Name**

**C10B Address**

**C10C Identity Card/  
Passport No.**

**C10D Telephone No.**

**C10E Tax Identification No. (TIN)**

**C10F Equity Shareholding (%)**

**PART E: OWNERSHIP STRUCTURE**

**D1** Foreign Equity in comparison with paid-up capital:  
(Enter 'X' in the relevant box)

75% - 100%	<input type="checkbox"/>	51% - 74%	<input type="checkbox"/>	
20% - 50%	<input type="checkbox"/>	0% - 19%	<input type="checkbox"/>	NIL <input type="checkbox"/>

**D2** Total controlled Equity in comparison with paid-up capital:  
(Enter 'X' in the relevant box)

75% - 100%	<input type="checkbox"/>	51% - 74%	<input type="checkbox"/>	
20% - 50%	<input type="checkbox"/>	0% - 19%	<input type="checkbox"/>	NIL <input type="checkbox"/>

**D3** Debt Finance from related party in comparison with paid-up capital:  
(Enter 'X' in the relevant box)

75% - 100%	<input type="checkbox"/>	51% - 74%	<input type="checkbox"/>	
20% - 50%	<input type="checkbox"/>	0% - 19%	<input type="checkbox"/>	NIL <input type="checkbox"/>

**D4** Other forms of finance in comparison with paid-up capital:  
(Enter 'X' in the relevant box)

75% - 100%	<input type="checkbox"/>	51% - 74%	<input type="checkbox"/>	
20% - 50%	<input type="checkbox"/>	0% - 19%	<input type="checkbox"/>	NIL <input type="checkbox"/>

**D5**

Shareholding in other Companies in Nigeria

<b>S/N</b>	<b>Name of Entity</b>	<b>Country of Residence</b>	<b>Registration No.</b>	<b>TIN</b>	<b>Equity Shareholding (%)</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**D4**

Other Companies in Nigeria within your Group:

<b>S/N</b>	<b>Name of Entity</b>	<b>Country of Residence</b>	<b>RC No.</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**PART E:**

**PARTICULARS OF EXTERNAL AUDITOR**

E1	Name of Firm	<input type="text"/>
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<input type="text"/>
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E2	Address of Firm	<input type="text"/>
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<input type="text"/>
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<input type="text"/>
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Postcode	<input type="text"/>
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Town	<input type="text"/>
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State	<input type="text"/>
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E3	Telephone No.	<input type="text"/>
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**PART F: PARTICULARS AND SIGNATURE OF THE PERSON WHO COMPLETES THIS FORM**

F1 Name

F2 Address

Postcode

Town

State

F3 Telephone No.

F4 TIN

F5 E-mail

**Signature\*\***

(\*\* affix seal if completed by a firm)

**Date**

