# Country by Country Reporting Notification Pursuant to regulation 6 of the CbC Regulations

**FOR REPORTING ACCOUNTING PERIOD ……..... TO ……..**

| | |
|---|---|
| **Group Name:** | |
| **Name of the Nigerian Entity Providing this Notification:** | |
| **Entity's Taxpayer Identification Number (TIN):** | |
| **Accounting Period End Date:** | |

**Notification Pursuant to Sub-regulation 1:**
**(Indicate YES or NO inside the boxes as appropriate)**

| | |
|---|---|
| **Ultimate Parent Entity?** | **Surrogate Parent Entity?** |

**Notification Pursuant to Sub-regulation 2:**

| | |
|---|---|
| **Name of Reporting Entity:** | |
| **Filing Jurisdiction:** | |
| **Reporting Entity's Taxpayer Identification Number (TIN):** | |
| **Reporting Entity's Accounting Period End Date:** | |

**Excluded MNE Group?**
**(Indicate YES or NO inside the boxes as appropriate)**

| | |
|---|---|
| **YES** | **NO** |

**List of all Nigerian Constituent Entities:**

| Nigerian Entities* | Taxpayer Identification Number (TIN) |
|---|---|
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| | |
| (cont as necessary…) | |

*Including Dormant Companies and Permanent Establishments and Partnerships

**Particulars of the Person Providing the Notification:**

| | |
|---|---|
| **Name:** | |
| **Address:** | |
| **Designation:** | |
| **Telephone Number(s):** | |
| **Email Address:** | |
| **Signature & Date:** | |