



# SELF ASSESSMENT SYSTEM EXPLANATORY NOTES CPP 2025

## Petroleum Return Form Under Section 30 of The Petroleum (Income Tax) Act 1967

| ADDITION / AMENDMENT |                                                                                       |      |
|----------------------|---------------------------------------------------------------------------------------|------|
| Item                 | Subject                                                                               | Page |
| 2.                   | Tax Identification No. (TIN)                                                          | 1    |
| C1                   | Tax Status of Partnership / Contractor                                                | 6    |
| D3                   | Tax Status of Partnership / Sole Contractor                                           | 9    |
| D6                   | Other address (if D5 = 3)                                                             | 9    |
| D10                  | Particular of contractor                                                              | 9    |
| D13                  | Has subsidiary company(ies) or related entity(ies) in the Federal Territory of Labuan | 14   |

TOGETHER WE DEVELOP THE NATION

This Explanatory Notes is provided to assist the chargeable person involve in petroleum operations under the Petroleum (Income Tax) Act 1967 (PITA 1967) in completing the Form CPP for Year of Assessment 2025. Please read this notes with care so that the return form and the declarations made therein for Year of Assessment 2025 are true, complete and correct. Petroleum Income Tax Guidelines related to the taxation of petroleum operations can be obtained from the Official Portal of the Inland Revenue Board of Malaysia (IRBM), <https://www.hasil.gov.my> for reference.

All records, documents, and working sheets used in the computation must be kept for a period of seven (7) years after the end of the year in which the return is furnished to the Director General of Inland Revenue (DGIR), for future reference and inspection if required.

Please complete all relevant and leave the item(s) blank if not relevant. Ensure the information entered is CORRECT and COMPLETE. Amounts in Parts B (except for item B1) require the indication of cent. Amounts in other parts need to be indicated in Ringgit Malaysia only.

**Example:** Total Chargeable Income (item B1) RM 180,246.65  
Tax Payable (item B5) RM 65,927.98

|                                                                                                                                      |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; border-radius: 10px; padding: 2px 5px; display: inline-block;">B1</div> TOTAL CHARGEABLE INCOME | <div style="display: flex; justify-content: space-between;"> <span></span> <span>1 8 0 2 4 6</span> </div>   |
| <div style="border: 1px solid black; border-radius: 10px; padding: 2px 5px; display: inline-block;">B5</div> TAX PAYABLE             | <div style="display: flex; justify-content: space-between;"> <span></span> <span>6 5 9 2 7 9 8</span> </div> |

#### BASIC PARTICULARS

| Item | Subject                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | Name of chargeable person    | Name of chargeable person as registered with IRBM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2.   | Tax Identification No. (TIN) | <p>Tax Identification Number (TIN) of in accordance with the provision of section 66A of the Income Tax Act 1967 (ITA 1967).</p> <p>Example: PP 20123456210</p> <div style="display: flex; align-items: center;"> <span>PP</span> <div style="border: 1px solid black; padding: 2px 10px; margin-left: 10px;">           2 0 1 2 3 4 5 6 2 1 0         </div> </div> <p>For new taxpayers, TIN application can be made or given by DGIR through the manual registration process, e-Daftar or automatic registration.</p> |
| 3.   | Status of operation          | <p>Fill in the status of petroleum operations at the end of the basis period.</p> <p>Fill in '1' if operation is active and still in production period.</p> <p>Fill in '2' If the operation status is dormant where the chargeable person production period has expired / the operations is returned to PETRONAS</p>                                                                                                                                                                                                     |
| 4.   | Area of operation            | <p>Fill in the petroleum operation area according to the petroleum agreement / production sharing contract (PSC) according to the options below:</p> <ol style="list-style-type: none"> <li>1. Sabah</li> <li>2. Sarawak</li> <li>3. Peninsular Malaysia</li> <li>4. Others</li> </ol>                                                                                                                                                                                                                                   |

|     |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5.  | Date of first sales / disposal of petroleum                                                                                     | Fill in the date of the first petroleum sale / disposal for the petroleum operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6.  | Type of operation                                                                                                               | Fill in the type of petroleum operation for chargeable person<br>Fill in "1" if the chargeable person operates as a Partnership / Joint Venture<br>Fill in "2" if the chargeable person operates as a Sole Contractor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 7.  | Record-keeping                                                                                                                  | This refers to sufficient record keeping as required under the provisions of PITA 1967.<br><br>Fill in '1' in the box provided for 'Yes' if the chargeable person keeps sufficient records as required or fill in '2' if not.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8.  | Basis period                                                                                                                    | Fill in in the basis period of chargeable person.<br>The accounting period ending on any date in a year of assessment is the basis period for that year of assessment. Therefore, income received in the basis period for a year of assessment will be assessed as income for that year of assessment. Refer to section 5 and Petroleum Income Tax Guidelines for guidance on determining the basis period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9.  | Has made gross payments to non-residents in the accounting period which are subject to withholding tax under paragraph 18(1)(h) | Fill in '1' for 'Yes' if the chargeable person makes a payment to a non-resident during the basis period that is subject to withholding tax under paragraph 18(1)(h).<br><br>Fill in '2' for 'No' if not applicable.<br><br>Paragraph 18(1)(h) of the PITA 1967 relates to payments of interest, royalties, services, technical advice, assistance, rent or other payments made under any agreement or arrangement for the use of movable property acquired from Malaysia or contractual payments to non-resident contractors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 10. | Qualifying expenditure claimed under paragraph 3A First Schedule                                                                | Fill in '1' if claiming qualifying exploration expenditure under this provision and submit the PEL-T Form together with the CPP Form.<br><br>Fill in '2' if not claiming qualifying exploration expenditure.<br><br>Note:<br>Where prior to the basis period for the first year of assessment for which a chargeable person under a petroleum agreement is chargeable to tax and that chargeable person incurs qualifying exploration expenditure, there may be deducted from the gross income of another chargeable person in another petroleum agreement in the basis period for a year of assessment of the second-mentioned chargeable person the qualifying exploration expenditure provided that:<br>i) the original parties to the petroleum agreement are the same; and<br>ii) the amount of qualifying exploration expenditure of the first mentioned chargeable person is from an agreement area where chargeable petroleum is not being produced.<br><br>The amount of qualifying exploration expenditure incurred by the first-mentioned chargeable person to be allowed as deduction against the gross income of the second-mentioned chargeable person shall be determined in accordance with the following formula:<br><br>$\frac{A}{B} \times C$ |

|     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |   |                                                                                        |   |   |                                                                                            |   |   |                                         |
|-----|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------------------------------------------------------------------------------------|---|---|--------------------------------------------------------------------------------------------|---|---|-----------------------------------------|
|     |                                        | <p>where</p> <table border="1"> <tr> <td>A</td><td>=</td><td>the gross income of the second-mentioned chargeable person from a petroleum operation;</td></tr> <tr> <td>B</td><td>=</td><td>the total gross income of the second-mentioned chargeable person from petroleum operations</td></tr> <tr> <td>C</td><td>=</td><td>the qualifying exploration expenditure;</td></tr> </table> <p>and in the case where the qualifying exploration expenditure exceeds the amount of gross income of petroleum operations or the gross income in respect of a petroleum operation of the second -mentioned chargeable person, the excess of the expenditure shall be allowed to be deducted from the gross income of that petroleum operations for the subsequent years of assessment of the second-mentioned chargeable person and any excess thereof shall not be used by another chargeable person in another petroleum agreement where the original parties to the petroleum agreement are the same.</p> <p>This provision does not apply to chargeable persons carrying on petroleum operations:</p> <ul style="list-style-type: none"> <li>i) in the joint development area</li> <li>ii) in the area under any agreement or agreement made by the Government with the government of any territory outside Malaysia for the joint exploration and exploitation of petroleum in the overlapping area referred to in subsection 65B(1).</li> </ul> | A | = | the gross income of the second-mentioned chargeable person from a petroleum operation; | B | = | the total gross income of the second-mentioned chargeable person from petroleum operations | C | = | the qualifying exploration expenditure; |
| A   | =                                      | the gross income of the second-mentioned chargeable person from a petroleum operation;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |   |                                                                                        |   |   |                                                                                            |   |   |                                         |
| B   | =                                      | the total gross income of the second-mentioned chargeable person from petroleum operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                                                        |   |   |                                                                                            |   |   |                                         |
| C   | =                                      | the qualifying exploration expenditure;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |   |                                                                                        |   |   |                                                                                            |   |   |                                         |
| 11. | Type of currency reported in this form | <p>Fill in the type of currency used to fill out the reporting in this return:<br/>Fill in '1' if the reporting uses RM currency<br/>Fill in '2' if approved to report in USD currency</p> <p>The chargeable person is required to file an application to fill out the reporting in this return form in USD currency, to the branch which handles the tax file of the chargeable person.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |   |                                                                                        |   |   |                                                                                            |   |   |                                         |

**PART A: STATUTORY INCOME AND CHARGEABLE INCOME**

| Item | Subject                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A1   | <b>Statutory Income From Marginal Field</b> | <p>A marginal field is a field within the petroleum agreement area that has a potential crude oil reserve not exceeding thirty (30) million barrels of stock tanks or natural gas reserves not exceeding five hundred (500) billion standard cubic feet. chargeable person that conducts petroleum operations in a marginal field is eligible to enjoy certain incentives. Refer to Garis Panduan Tuntutan Insentif Bagi Industri Petroleum Huluan Di Bawah Akta Petroleum (Cukai Pendapatan) 1967 (Pindaan) [available in Malay version only] for guidance on calculating marginal field income.</p>                         |
| A1a  | Statutory income                            | <p>The determination of chargeable person statutory income from petroleum operations in a marginal field is as per Part III Chapter 4 PITA 1967 and the Petroleum (Income Tax) (Accelerated Capital Allowance) (Marginal Field) Rules 2013 [P.U.(A)119/2013] read together The Petroleum (Income Tax) (Accelerated Capital Allowance) (Marginal Field) (Amendment) Rules 2014 [P.U.(A) 58/2014]. Refer to Garis Panduan Tuntutan Insentif Bagi Industri Petroleum Huluan Di Bawah Akta Petroleum (Cukai Pendapatan) 1967 (Pindaan) [available in Malay version only] for guidance on the calculation of statutory income.</p> |
| A1b  | Income exempted                             | <p>Refer to Garis Panduan Tuntutan Insentif Bagi Industri Petroleum Huluan Di Bawah Akta Petroleum (Cukai Pendapatan) 1967 (Pindaan) [available in Malay version only] for guidance on calculating tax-exempt marginal field income.</p>                                                                                                                                                                                                                                                                                                                                                                                      |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                        |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A1c | Business losses absorbed                                                                                                                                                                                                                                                                                                                                                                                               | Fill in the carry forward losses of marginal field petroleum operations that can be absorbed in the current year.                                                                                      |
| A1d | Total                                                                                                                                                                                                                                                                                                                                                                                                                  | A1a minus A1b minus A1c<br>Fill in '0' if is negative.                                                                                                                                                 |
| A2  | <b>Statutory Income From Incentive Field</b><br>Chargeable person that conducts petroleum operations in respect of an eligible project may claim certain investment allowance incentives. Refer to Garis Panduan Tuntutan Insentif Bagi Industri Petroleum Hulu Di Bawah Akta Petroleum (Cukai Pendapatan) 1967 (Pindaan) [available in Malay version only] for guidance on the calculation of incentive field income. |                                                                                                                                                                                                        |
| A2a | Statutory income                                                                                                                                                                                                                                                                                                                                                                                                       | Fill in the statutory income amount<br>Chargeable person statutory income consists of adjusted income less any allowance under the Second Schedule of the PITA 1967 in respect of an eligible project. |
| A2b | Business losses absorbed                                                                                                                                                                                                                                                                                                                                                                                               | Fill in the carry forward losses of the incentive field petroleum operations that can be absorbed in the current year.                                                                                 |
| A2c | Investment allowance                                                                                                                                                                                                                                                                                                                                                                                                   | Fill in the amount of investment allowance on an eligible project for incentive field petroleum operations that can be claimed for the current year.                                                   |
| A2d | Total                                                                                                                                                                                                                                                                                                                                                                                                                  | A2a minus A2b minus A2c<br>Fill in '0' if is negative.                                                                                                                                                 |
| A3  | <b>Statutory Income From Non-incentive Field</b><br>Chargeable person income from petroleum operations apart from marginal fields and incentive fields.                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |
| A3a | Statutory income                                                                                                                                                                                                                                                                                                                                                                                                       | Fill in the amount of statutory income from operations other than the marginal field and the incentive field.                                                                                          |
| A3b | Business losses absorbed                                                                                                                                                                                                                                                                                                                                                                                               | Fill in the carry forward losses of petroleum operations other than marginal fields and incentive fields that can be absorbed in the current year.                                                     |
| A3c | Total                                                                                                                                                                                                                                                                                                                                                                                                                  | A3a minus A3b<br>Fill in '0' if is negative.                                                                                                                                                           |
| A4  | Aggregate of Statutory Income                                                                                                                                                                                                                                                                                                                                                                                          | A1d add A2d add A3c                                                                                                                                                                                    |
| A5  | Infrastructure allowance                                                                                                                                                                                                                                                                                                                                                                                               | Chargeable person that incurred qualifying capital expenditure in respect of <a href="#">a</a> qualifying infrastructure asset expenditure.                                                            |
| A6  | Assessable income                                                                                                                                                                                                                                                                                                                                                                                                      | A4 minus A5                                                                                                                                                                                            |
| A7  | Gift of money to the Government /State Government / local authority                                                                                                                                                                                                                                                                                                                                                    | Gift of money to the Government / State Government / local authority. Subsection 22(1) of PITA 1967.                                                                                                   |

|     |                                                                                                                                                                 |                                                                                                                                                                                                                   |                          |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A8a | Gift of money to approved institutions / organisations                                                                                                          | Gift of money to institutions / organisations approved by the DGIR.<br><br>Subsection 22(1) of PITA 1967                                                                                                          | Restricted to 7% from A6 |
| A8b | Gift of money to any sports activity approved by the Minister of Finance                                                                                        | Gift of money to any sports activity approved by the Minister of Finance<br><br>Subsection 22(1E) dan proviso, PITA 1967.                                                                                         |                          |
| A8c | Gift of money or cost of contribution in kind for any project of national interest approved by the Minister of Finance                                          | Gift of money or cost of contribution in kind for any project of national interest approved by the Minister of Finance<br><br>Subsection 22(1F) dan proviso, PITA 1967.                                           |                          |
| A9  | Gift of artifacts / manuscripts / paintings to the Government or State Government                                                                               | Gift of artifacts / manuscripts / paintings to the Government or State Government based on the value determined by the Department of Museums Malaysia the National Archives.<br><br>Subsection 22(1A), PITA 1967. |                          |
| A10 | Gift of money or contribution in kind to the Government / State Government for the provision of facilities in public places for the benefit of disabled persons | Gift of money or contribution in kind to the Government / State Government for the provision of facilities in public places for the benefit of disabled persons<br><br>Subsection 22(1B), PITA 1967.              |                          |
| A11 | Gift of money or medical equipment to any healthcare facility approved by the Minister of Health                                                                | Gift of money or medical equipment to any healthcare facility approved by the Minister of Health (restricted to RM20,000)<br><br>Subsection 22(1C), PITA 1967.                                                    |                          |
| A12 | Gift of paintings to the National Art Gallery or any state art gallery                                                                                          | Gift of paintings to the National Art Gallery or any state art gallery based on the value determined by the National Art Gallery or any state art gallery<br><br>Subsection 22(1D), PITA 1967.                    |                          |
| A13 | CHARGEABLE INCOME                                                                                                                                               | A6 minus (A7 to A12).<br>Fill in '0' if is negative                                                                                                                                                               |                          |

**PART B:****TAX PAYABLE AND STATUS OF TAX**

| Item | Subject                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B1   | TOTAL CHARGEABLE INCOME    | Taxable income is the amount from A13. Fill in '0' if there is no taxable income.                                                                                                                                                                                                                                                                                                                                                     |
| B2   | B2a<br>Rate 38%            | Apportionment of Chargeable Income: 38%<br>Taxable income from petroleum operations under the PITA 1967 is taxed at a rate of 38% - Subsection 23(1) PITA 1967                                                                                                                                                                                                                                                                        |
|      | B2b<br>Other rates         | Apportionment of Chargeable Income: Other rates (%)<br>Taxable income of petroleum operations under PITA 1967 is taxed at other rates – Subsection 23(2) PITA 1967                                                                                                                                                                                                                                                                    |
| B3   | TOTAL INCOME TAX CHARGED   | Total income tax charged, total from items B2a to item B2b.                                                                                                                                                                                                                                                                                                                                                                           |
| B4   | Remission under section 65 | The amount of income tax charged that has been exempted based on the approval given by the Minister of Finance in accordance with section 65 PITA 1967 and the Guidelines for a Reduction of 50% From Taxes Charged on Income from Petroleum Exploration and Exploitation Activities in the Joint Area of Malaysia - Thailand<br><a href="https://www.hasil.gov.my">https://www.hasil.gov.my</a> > Legislation > Technical Guidelines |
| B5   | TAX PAYABLE                | B3 minus B4.                                                                                                                                                                                                                                                                                                                                                                                                                          |

**PART C:****PARTICULARS RELATED TO TAX COMPUTATION**

| Item                     | Subject                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
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| C1                       | Tax Status of Partnership / Contractor | <div>Complete the required tax position information in the appendix of item C1.</div> <div>Example of attachment of item C1:</div> <div><div>Item C1 (Attachment)</div><table><tr><th colspan="10">TAX STATUS OF CONTRACTOR</th></tr><tr><th>A<br/>No.</th><th>B<br/>Name of Contractor</th><th>C<br/>Tax payable</th><th>D<br/>Instalment paid</th><th>E<br/>Balance of tax payable<br/>OR<br/>Tax paid in excess<br/><br/>▼ (Indicate 'X' if tax paid in excess)</th><th>F<br/>Method of payment for tax refund<br/><br/>Fill:<br/><br/>1 = Via own account in Malaysia<br/>2 = Via DuitNow<br/>3 = Via overseas account / a third party account</th><th>G<br/>Name of bank</th><th>H<br/>Bank account no.</th><th>J<br/>Bank identification no.</th></tr><tr><td>1.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>5.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>7.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>8.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>9.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>10.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">TOTAL :</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></div> <div>The balance of tax payable must be paid within the stipulated period.</div> <div>Payment can be made via:</div> <div>a) Payment by <b>Bill Number</b></div> <div>i. Payment using <b>Bill Number</b> can be made as follows:</div> | TAX STATUS OF CONTRACTOR |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  | A<br>No. | B<br>Name of Contractor | C<br>Tax payable | D<br>Instalment paid | E<br>Balance of tax payable<br>OR<br>Tax paid in excess<br><br>▼ (Indicate 'X' if tax paid in excess) | F<br>Method of payment for tax refund<br><br>Fill:<br><br>1 = Via own account in Malaysia<br>2 = Via DuitNow<br>3 = Via overseas account / a third party account | G<br>Name of bank | H<br>Bank account no. | J<br>Bank identification no. | 1. |  |  |  |  |  |  |  |  | 2. |  |  |  |  |  |  |  |  | 3. |  |  |  |  |  |  |  |  | 4. |  |  |  |  |  |  |  |  | 5. |  |  |  |  |  |  |  |  | 6. |  |  |  |  |  |  |  |  | 7. |  |  |  |  |  |  |  |  | 8. |  |  |  |  |  |  |  |  | 9. |  |  |  |  |  |  |  |  | 10. |  |  |  |  |  |  |  |  | TOTAL : |  |  |  |  |  |  |  |  |
| TAX STATUS OF CONTRACTOR |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| A<br>No.                 | B<br>Name of Contractor                | C<br>Tax payable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>Instalment paid     | E<br>Balance of tax payable<br>OR<br>Tax paid in excess<br><br>▼ (Indicate 'X' if tax paid in excess) | F<br>Method of payment for tax refund<br><br>Fill:<br><br>1 = Via own account in Malaysia<br>2 = Via DuitNow<br>3 = Via overseas account / a third party account | G<br>Name of bank | H<br>Bank account no. | J<br>Bank identification no. |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 1.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 2.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 3.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 4.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 5.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 6.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 7.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 8.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 9.                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| 10.                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |
| TOTAL :                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |  |  |  |  |          |                         |                  |                      |                                                                                                       |                                                                                                                                                                  |                   |                       |                              |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"><li>• ByrHASiL service at <a href="https://byrhasil.hasil.gov.my">https://byrhasil.hasil.gov.my</a></li><li>• Appointed commercial banks by IRBM – Information is available at <a href="https://www.hasil.gov.my">https://www.hasil.gov.my</a></li><li>• Using the Virtual Account (VA) number generated by e-TT at <a href="https://ett.hasil.gov.my">https://ett.hasil.gov.my</a></li><li>• Using a credit card / debit card at the Revenue Management Centre - 16 - (PPTH) Kuala Lumpur</li><li>• Pos Malaysia Berhad counter</li></ul> <p>ii. For payment purposes, please make sure <b>the correct bill number is used</b>. Taxpayers may print the payment slips and scan the QR code on the payment slips as a reference when payment is made.</p> |                                                                                          |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------|---------|------------------|-----|-------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------|------------------|----------------------------------------|-----|-----------------------------------------------|-------------------|-----------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|
| C2  | First Schedule - Deductions For Capital Expenditure On Exploration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Complete the required information on the qualifying exploration expenditure claimed under the First Schedule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
| C3  | Second Schedule - Capital Allowances And Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fill in the Absorbed Amount and carry forward balance for capital allowance claims and charges under the Second Schedule in the basis period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
| C4  | Total capital allowance on assets acquired in the basis period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fill in the amount of the total capital allowance for assets acquired in the basis period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
| C5  | Claim For Losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complete the current year's loss information (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
| C6  | <p>Incentive claims</p> <p>Enter the amount of incentive claim in the relevant feilds.</p> <p>PITA 1967 and the relevant government gazette must be refered to determine incentive eligibility.</p> <p>Subsidiary legislation regarding incentives:</p> <table><tr><th>Kod</th><th>Jenis Insentif</th><th>Rujukan</th><th>Tempoh Pemakaian</th></tr><tr><td>701</td><td>Petroleum (Income Tax) (Accelerated Capital Allowances) (Marginal Field) Rules 2013</td><td>P.U. (A) 119/2013</td><td>With effect from 30 November 2010<br/><br/>[Qualifying expenditure from YA 2010 – YA 2024]</td></tr><tr><td>702</td><td>Petroleum (Income Tax) (Accelerated Capital Allowances) (Marginal Field) (Amendment) Rules 2014</td><td>P.U. (A) 58/2014</td><td>With effect from YA 2010 until YA 2024</td></tr><tr><td>703</td><td>Petroleum (Income Tax) (Exemption) Order 2013</td><td>P.U. (A) 122/2013</td><td>With effect from 30 November 2010</td></tr><tr><td>704</td><td>Petroleum (Income Tax) (Exemption) Order 2013 (P.U. (A) 122/2013) is read together with Petroleum (Income Tax) (Exemption)</td><td>P.U. (A) 57/2014</td><td>With effect from 30 November 2010</td></tr></table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Kod                                                                                      | Jenis Insentif | Rujukan | Tempoh Pemakaian | 701 | Petroleum (Income Tax) (Accelerated Capital Allowances) (Marginal Field) Rules 2013 | P.U. (A) 119/2013 | With effect from 30 November 2010<br><br>[Qualifying expenditure from YA 2010 – YA 2024] | 702 | Petroleum (Income Tax) (Accelerated Capital Allowances) (Marginal Field) (Amendment) Rules 2014 | P.U. (A) 58/2014 | With effect from YA 2010 until YA 2024 | 703 | Petroleum (Income Tax) (Exemption) Order 2013 | P.U. (A) 122/2013 | With effect from 30 November 2010 | 704 | Petroleum (Income Tax) (Exemption) Order 2013 (P.U. (A) 122/2013) is read together with Petroleum (Income Tax) (Exemption) | P.U. (A) 57/2014 | With effect from 30 November 2010 |
| Kod | Jenis Insentif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Rujukan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tempoh Pemakaian                                                                         |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
| 701 | Petroleum (Income Tax) (Accelerated Capital Allowances) (Marginal Field) Rules 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | P.U. (A) 119/2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | With effect from 30 November 2010<br><br>[Qualifying expenditure from YA 2010 – YA 2024] |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
| 702 | Petroleum (Income Tax) (Accelerated Capital Allowances) (Marginal Field) (Amendment) Rules 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P.U. (A) 58/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | With effect from YA 2010 until YA 2024                                                   |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
| 703 | Petroleum (Income Tax) (Exemption) Order 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P.U. (A) 122/2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | With effect from 30 November 2010                                                        |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |
| 704 | Petroleum (Income Tax) (Exemption) Order 2013 (P.U. (A) 122/2013) is read together with Petroleum (Income Tax) (Exemption)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P.U. (A) 57/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | With effect from 30 November 2010                                                        |                |         |                  |     |                                                                                     |                   |                                                                                          |     |                                                                                                 |                  |                                        |     |                                               |                   |                                   |     |                                                                                                                            |                  |                                   |

|     |                                                                                                                                                                                    |                        |                                                                  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------|--|
|     |                                                                                                                                                                                    | (Amendment) Order 2014 |                                                                  |  |
| 705 | Petroleum (Income Tax) (Accelerated Capital Allowances) (PETRONAS Marginal Field) Rules 2014                                                                                       | P.U. (A) 304/2014      | With effect from 30 November 2010                                |  |
| 706 | Petroleum (Income Tax) (Exemption) Order 2014                                                                                                                                      | P.U. (A) 305/2014      | With effect from 30 November 2010                                |  |
| 707 | Petroleum (Income Tax) (Marginal Field) Regulations 2013                                                                                                                           | P.U. (A) 121/2013      | With effect from 30 November 2010                                |  |
| 708 | Petroleum (Income Tax) (Investment Allowance) Regulations 2013                                                                                                                     | P.U. (A) 120/2013      | With effect from 30 November 2010                                |  |
| 709 | Petroleum (Income Tax) (Investment Allowance) Regulations 2013 (P.U. (A) 69/2014) is read together with Petroleum (Income Tax) (Investment Allowance) (Amendment) Regulations 2014 | P.U. (A) 69/2014       | With effect from 30 November 2010                                |  |
| 710 | Petroleum (Income Tax) (PETRONAS Marginal Field) Regulations 2014                                                                                                                  | P.U. (A) 317/2014      | With effect from 30 November 2010                                |  |
| 711 | Petroleum (Income Tax) (Exemption) Order 2021                                                                                                                                      | P.U. (A) 208/2021      | With effect from YA 2020                                         |  |
| 712 | Petroleum (Income Tax) (Investment Allowance for PETRONAS) Regulations 2021                                                                                                        | P.U. (A) 336/2021      | With effect from YA 2017 – YA 2026                               |  |
| 713 | Petroleum (Income Tax) (Accelerated Capital Allowances) (Late-Life Assets Production Sharing Contract) Rules 2022                                                                  | P.U. (A) 301/2022      | With effect from period<br>1 January 2020 until 31 Disember 2029 |  |
| 714 | Petroleum (Income Tax) (Exemption) Order 2022                                                                                                                                      | P.U. (A) 302/2022      | With effect from period<br>1 January 2020 until 31 Disember 2029 |  |
| 715 | Petroleum (Income Tax) (Accelerated Loss from Oil or Gas Field Decommissioning Activity) (Late-Life Assets Production Sharing Contract) Rules 2022                                 | P.U. (A) 303/2022      | With effect from period<br>1 January 2020 until 31 Disember 2029 |  |
| 716 | Petroleum (Income Tax) (Exemption) Order 2023                                                                                                                                      | P.U. (A) 337/2023      | With effect from YA 2024                                         |  |
| 717 | Petroleum (Income Tax) (Investment Allowance) Regulations 2023                                                                                                                     | P.U. (A) 264 /2023     | With effect from 30 November 2010                                |  |

**PART D: PARTICULARS OF CHARGEABLE PERSON (PARTICULARS OF OPERATOR )**

| Item                                | Subject                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|-------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|--|--|--|----------------------|--|--|--|--|--|---------|--|--|--|--|--|----------------------------------|--|----------------|--|--|--|----------------|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|------|--|--|--|--|-------|---------|--|--|------------------|--|-----------|--|--|--|----------------------|--|--|--|--|--|---------|--|--|--|--|--|----------------------------------|--|----------------|--|--|--|----------------|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|------|--|--|--|--|-------|---------|--|--|------------------|--|-----------|--|--|--|
| D1                                  | Name                                     | Name of the operator of the petroleum operations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D2                                  | Correspondence address                   | Address of the operator used for correspondence with IRBM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D3                                  | Address in D2 is the tax agent's address | Fill in '1' for 'Yes', if the address in D2 is the tax agent's address<br>Fill in '2' for 'No'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D4                                  | Address of business premise              | Address where the main business of the operator is carried on.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D5                                  | Address where business record are kept   | Enter '1' in the box provided if the records of the trust body are kept as per the correspondence address in item D2; or '2' if kept at the address of business premise as per item D4. Enter '3' if not kept at the address as per item D2 and D4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D6                                  | Other address (if D5 = 3)                | State the address at which the records of the trust body are kept if the answer to item D5 = 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D7                                  | Telephone no.                            | Telephone number of operator's business premise. Please ensure that the information is correct and accurate. This information is for the official use of IRBM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D8                                  | E-mail                                   | Please ensure that the information given is correct. This information is for the official use of IRBM only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D9                                  | Particulars of directors / managers      | <div>Complete the particulars of director / manager in the appendix of item D9.<br/>Example of attachment of item D9</div> <div><div>Item D9 (Attachment)</div><table><tr><th colspan="6">PARTICULARS OF DIRECTORS / MANAGERS</th></tr><tr><td colspan="6">Director / Manager 1</td></tr><tr><td colspan="2">1a Name</td><td colspan="4"></td></tr><tr><td colspan="2">1b Identification / passport no.</td><td colspan="2">1c Citizenship</td><td colspan="2"></td></tr><tr><td colspan="2">1d Designation</td><td colspan="4"></td></tr><tr><td colspan="2">1e Residential address</td><td colspan="4"></td></tr><tr><td colspan="2"></td><td colspan="4"></td></tr><tr><td colspan="2"></td><td colspan="4"></td></tr><tr><td colspan="2"></td><td>Postcode</td><td>Town</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>State</td><td>Country</td><td colspan="2"></td></tr><tr><td colspan="2">1f Telephone no.</td><td colspan="2">1g E-mail</td><td colspan="2"></td></tr><tr><td colspan="6">Director / Manager 2</td></tr><tr><td colspan="2">2a Name</td><td colspan="4"></td></tr><tr><td colspan="2">2b Identification / passport no.</td><td colspan="2">2c Citizenship</td><td colspan="2"></td></tr><tr><td colspan="2">2d Designation</td><td colspan="4"></td></tr><tr><td colspan="2">2e Residential address</td><td colspan="4"></td></tr><tr><td colspan="2"></td><td colspan="4"></td></tr><tr><td colspan="2"></td><td colspan="4"></td></tr><tr><td colspan="2"></td><td>Postcode</td><td>Town</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>State</td><td>Country</td><td colspan="2"></td></tr><tr><td colspan="2">2f Telephone no.</td><td colspan="2">2g E-mail</td><td colspan="2"></td></tr></table></div> | PARTICULARS OF DIRECTORS / MANAGERS |  |  |  |  |  | Director / Manager 1 |  |  |  |  |  | 1a Name |  |  |  |  |  | 1b Identification / passport no. |  | 1c Citizenship |  |  |  | 1d Designation |  |  |  |  |  | 1e Residential address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Postcode | Town |  |  |  |  | State | Country |  |  | 1f Telephone no. |  | 1g E-mail |  |  |  | Director / Manager 2 |  |  |  |  |  | 2a Name |  |  |  |  |  | 2b Identification / passport no. |  | 2c Citizenship |  |  |  | 2d Designation |  |  |  |  |  | 2e Residential address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Postcode | Town |  |  |  |  | State | Country |  |  | 2f Telephone no. |  | 2g E-mail |  |  |  |
| PARTICULARS OF DIRECTORS / MANAGERS |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| Director / Manager 1                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 1a Name                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 1b Identification / passport no.    |                                          | 1c Citizenship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 1d Designation                      |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 1e Residential address              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|                                     |                                          | Postcode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Town                                |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|                                     |                                          | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                             |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 1f Telephone no.                    |                                          | 1g E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| Director / Manager 2                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 2a Name                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 2b Identification / passport no.    |                                          | 2c Citizenship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 2d Designation                      |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 2e Residential address              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|                                     |                                          | Postcode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Town                                |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
|                                     |                                          | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                             |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| 2f Telephone no.                    |                                          | 2g E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |
| D10                                 | Particular of contractor                 | Complete the particular of contractor in the appendix of item D10.<br>Example of attachment of item D10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                  |  |                |  |  |  |                |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |      |  |  |  |  |       |         |  |  |                  |  |           |  |  |  |

## PARTICULARS OF CONTRACTOR

Note: 1. For partnership, submit additional attachment(s) if the number of contractors is more than four (4).

|                                                |                          |                                                  |                                                      |                                                     |
|------------------------------------------------|--------------------------|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| 1                                              | Number of contractors    | 2                                                | Change of contractors occurs during the basis period | 1 = Yes 2 = No                                      |
| <b>Contractor 1</b>                            |                          |                                                  |                                                      |                                                     |
| For Sole Contractor, ignore columns 3a and 3b. |                          |                                                  |                                                      |                                                     |
| 3a                                             | Contractor status        | 1 = Existing 2 = New (if '2', complete Item D3b) |                                                      | 3b Date of entry / exit in partnership (dd/mm/yyyy) |
| 3c                                             | Name                     |                                                  |                                                      |                                                     |
| 3d                                             | Company registration no. |                                                  |                                                      | 3e TIN C                                            |
| 3f                                             | Address                  |                                                  |                                                      |                                                     |
|                                                | Postcode                 | Town                                             |                                                      |                                                     |
|                                                | State                    | Country                                          |                                                      |                                                     |
| 3g                                             | Telephone no.            |                                                  |                                                      | 3h E-mail                                           |
| 3j                                             | Contiguous blocks        | 1 = Yes 2 = No                                   | 3k Country of origin (Use the country code)          | 3m Direct shareholding (%)                          |
| <b>Contractor 2</b>                            |                          |                                                  |                                                      |                                                     |
| 4a                                             | Contractor status        | 1 = Existing 2 = New (if '2', complete Item D4b) |                                                      | 4b Date of entry / exit in partnership (dd/mm/yyyy) |
| 4c                                             | Name                     |                                                  |                                                      |                                                     |
| 4d                                             | Company registration no. |                                                  |                                                      | 4e TIN C                                            |
| 4f                                             | Address                  |                                                  |                                                      |                                                     |
|                                                | Postcode                 | Town                                             |                                                      |                                                     |
|                                                | State                    | Country                                          |                                                      |                                                     |
| 4g                                             | Telephone no.            |                                                  |                                                      | 4h E-mail                                           |
| 4j                                             | Contiguous blocks        | 1 = Yes 2 = No                                   | 4k Country of origin (Use the country code)          | 4m Direct shareholding (%)                          |

For the purpose of electronic tax refund, make sure the bank name information, bank account no and bank identification no (if applicable) of each contractor is correct. The filling guide is as below:

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bank name               | Enter the bank name used by the company's contractor.                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Bank account no.        | Enter contractor bank account number.                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Bank identification no. | <p>The identification number given by the bank or number used by the account holder [business organisation without a company / business registration number due to non-requirement for registration with the Companies Commission of Malaysia].</p> <p>Other than the name of the bank account holder and bank account number, this number is used by the bank as an additional key for checking and verification for the purpose of refund of tax paid in excess via EFT.</p> |

- D11** Information on transactions between related companies
- Complete the required information in the appendix of item D11.
- For partnership operations, this section needs to be prepared for each contractor. Submit a separate attachment for each contractor.
- Example of attachment of item D11

**INFORMATION ON TRANSACTIONS BETWEEN RELATED COMPANIES**

Note: For partnership operations type. This part shall be completed by each contractor. Furnish a separate attachment for each contractor as per the following format.

|    |                                         |   |                |                    |
|----|-----------------------------------------|---|----------------|--------------------|
| 1  | Name of contractor                      |   |                |                    |
| 2  | TIN                                     | C |                |                    |
| 3  | Principal activity                      |   |                |                    |
| 4  | Business code                           |   |                |                    |
| 5  | Ultimate holding company:               |   |                |                    |
| 5a | Name                                    |   |                |                    |
| 5b | Country of residence                    |   |                | (Use country code) |
| 6  | Immediate holding company:              |   |                |                    |
| 6a | Name                                    |   |                |                    |
| 6b | Country of residence                    |   |                | (Use country code) |
| 7  | Transfer pricing documentation prepared |   | 1 = Yes 2 = No |                    |

**8 Transactions between related companies**

| Item | Transaction Type                                                                                        | In Malaysia              |                                       | Outside Malaysia         |                                       |
|------|---------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|--------------------------|---------------------------------------|
|      |                                                                                                         | Sales / Revenue / Assets | Purchases / Expenditure / Liabilities | Sales / Revenue / Assets | Purchases / Expenditure / Liabilities |
| 8a   | Sales                                                                                                   |                          |                                       |                          |                                       |
| 8b   | Purchases                                                                                               |                          |                                       |                          |                                       |
| 8c   | Other income                                                                                            |                          |                                       |                          |                                       |
| 8d   | Payment on the use of intangibles:                                                                      |                          |                                       |                          |                                       |
|      | i) Royalties                                                                                            |                          |                                       |                          |                                       |
|      | ii) Licence fees                                                                                        |                          |                                       |                          |                                       |
|      | iii) Other payments                                                                                     |                          |                                       |                          |                                       |
| 8e   | Management fees including fees / charges for financial, administrative, marketing and training services |                          |                                       |                          |                                       |
| 8f   | Research and development                                                                                |                          |                                       |                          |                                       |
| 8g   | Advertisement, marketing and promotion (AMP)                                                            |                          |                                       |                          |                                       |
| 8h   | Tangible assets                                                                                         |                          |                                       |                          |                                       |
| 8j   | Rent / lease of assets                                                                                  |                          |                                       |                          |                                       |
| 8k   | Loans to related entity                                                                                 |                          |                                       |                          |                                       |
| 8m   | Loans from related entity                                                                               |                          |                                       |                          |                                       |
| 8n   | Interest to related entity                                                                              |                          |                                       |                          |                                       |
| 8p   | Interest from related entity                                                                            |                          |                                       |                          |                                       |
| 8q   | Guarantee fee                                                                                           |                          |                                       |                          |                                       |
| 8r   | Cost Contribution Arrangement (CCA) amount                                                              |                          |                                       |                          |                                       |
| 8s   | Others not specified above:                                                                             |                          |                                       |                          |                                       |
|      |                                                                                                         |                          |                                       |                          |                                       |
|      |                                                                                                         |                          |                                       |                          |                                       |

| D11 Item |                                  | Description                                                                                                                                                                                                                                                                                          |
|----------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1        | Name of contractor               | Fill in the basic information of the contractor.                                                                                                                                                                                                                                                     |
| 2        | TIN                              |                                                                                                                                                                                                                                                                                                      |
| 3        | Principal activity               |                                                                                                                                                                                                                                                                                                      |
| 4        | Business code                    |                                                                                                                                                                                                                                                                                                      |
| 5a       | Name of Ultimate holding company | Fill in the name of the ultimate holding company for the contractor.<br><br><u>Ultimate Holding Company</u><br>A company will be known as an ultimate holding company if:<br>i) that company has one or more subsidiary companies; and<br>ii) that company is not a subsidiary of any other company. |

|  |    |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |
|--|----|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | 5b | Country of Residence                                                                                    | Residence country for the ultimate holding company specified in column 5a. Refer to pages 18-21 a list of country codes.                                                                                                                                                                                                                                             |
|  | 6a | Name of Immediate holding company                                                                       | <p>Fill in the name of immediate holding company closest to the contractor.</p> <p><u>Immediate Holding Company</u></p> <p>A company which maintains the controlling interest in another company although the companies themselves are held by another entity, and the controlling company is the closest company to that company within the group of companies.</p> |
|  | 6b | Country of residence                                                                                    | Country of residence of the immediate holding company specified in column 6a. Refer to pages 18-21 for a list of country codes.                                                                                                                                                                                                                                      |
|  | 7  | Transfer Pricing Documentation prepared                                                                 | <p>Fill in "1" if transfer pricing documentation has been provided</p> <p>Fill in "2" if not provided or not applicable</p>                                                                                                                                                                                                                                          |
|  | 8  | Transactions between related companies                                                                  | Fill in the transaction details between the relevant related companies.                                                                                                                                                                                                                                                                                              |
|  | 8a | Sales                                                                                                   | Sales of crude oil and natural gas in the basis period                                                                                                                                                                                                                                                                                                               |
|  | 8b | Purchases                                                                                               | If applicable                                                                                                                                                                                                                                                                                                                                                        |
|  | 8c | Other income                                                                                            | Total other income for the basis period except sales reported in 8a above.                                                                                                                                                                                                                                                                                           |
|  | 8d | Payment on the use of intangibles:<br>i) Royalties<br>ii) Licence fees<br>iii) Other payments           | Either in the form of revenue or expense and reported by type of payment<br>i. Royalties<br>ii. License fee<br>iii. Other payments [other than 8d(i) and 8d(ii)]                                                                                                                                                                                                     |
|  | 8e | Management fees including fees / charges for financial, administrative, marketing and training services | State the costs incurred / received for the year.                                                                                                                                                                                                                                                                                                                    |
|  | 8f | Research and development                                                                                |                                                                                                                                                                                                                                                                                                                                                                      |
|  | 8g | Advertisement, marketing and promotion (AMP)                                                            |                                                                                                                                                                                                                                                                                                                                                                      |
|  | 8h | Tangible assets                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |
|  | 8j | Rent / lease of assets                                                                                  |                                                                                                                                                                                                                                                                                                                                                                      |
|  | 8k | Loans to related entity                                                                                 | <p>Brought forward balance of the loan amount plus the loan amount given in the basis period.</p> <ul style="list-style-type: none"> <li>• Loan refers to financial assistance disclosed as a loan in the financial statement.</li> <li>• Excludes any payments received in the year related to the</li> </ul>                                                       |

|    |                                            |                                                                                                                                                                                 |
|----|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                            | loan.                                                                                                                                                                           |
| 8m | Loans from related entity                  | Brought forward balance of the loan amount plus the total loan amount received in the basis period.                                                                             |
| 8n | Interest to related entity                 | Amount of interest paid / unpaid in the basis period.                                                                                                                           |
| 8p | Interest from related entity               | The total amount of interest received / receivable in the basis period.                                                                                                         |
| 8q | Guarantee fee                              | State the amount incurred / received for the year.                                                                                                                              |
| 8r | Cost Contribution Arrangement (CCA) amount | Includes amounts for buy-ins, buy-outs and contribution. Refer to Chapter VII of the Transfer Pricing Guidelines.                                                               |
| 8s | Others not specified above:                | Any other controlled transaction not listed in item 8a to 8r. Please specify the item type, if there is only one (1) type of controlled transaction to be entered in this item. |

D12 Financial particulars of chargeable persons  
Complete the required information in the appendix of item D12.  
Example of attachment of item D12

Item D12 (Attachment)

| FINANCIAL PARTICULARS OF CHARGEABLE PERSON |                                     |  |                      |                                      |                                                                |  |     |
|--------------------------------------------|-------------------------------------|--|----------------------|--------------------------------------|----------------------------------------------------------------|--|-----|
| 1                                          | Business code                       |  |                      |                                      |                                                                |  |     |
| 1A                                         | Type of business activity           |  |                      |                                      |                                                                |  |     |
|                                            |                                     |  |                      |                                      |                                                                |  |     |
| <b>STATEMENT OF PROFIT OR LOSS</b>         |                                     |  |                      |                                      |                                                                |  |     |
| <b>SALES REVENUE:</b>                      |                                     |  | <b>EXPENDITURES:</b> |                                      |                                                                |  |     |
| 2                                          | Crude oil                           |  | .00                  | 17                                   | Research cess                                                  |  | .00 |
| 3                                          | Less: Export duty                   |  | .00                  | 18                                   | Abandonment cess                                               |  | .00 |
| 4                                          | Gas                                 |  | .00                  | 19                                   | Supplemental payment                                           |  | .00 |
| 5                                          | Condensate                          |  | .00                  | 20                                   | Depreciation                                                   |  | .00 |
| 6                                          | Others                              |  | .00                  | 21                                   | Payment for professional, technical, management and legal fees |  | .00 |
| 7                                          | Total [(2 - 3) + 4 + 5 + 6]         |  | .00                  | 22                                   | Technical fee payments to non-resident recipients              |  | .00 |
| <b>COST OF PRODUCTION:</b>                 |                                     |  |                      | 23                                   | Contract payments                                              |  | .00 |
| 8                                          | Purchases                           |  | .00                  | 24                                   | Interest                                                       |  | .00 |
| 9                                          | Operational expenses                |  | .00                  | 25                                   | Salaries and wages                                             |  | .00 |
| 10                                         | Development expenses                |  | .00                  | 26                                   | Cost of employee shares options                                |  | .00 |
| 11                                         | Geological and geophysical expenses |  | .00                  | 27                                   | Royalties                                                      |  | .00 |
| 12                                         | Other cost of production            |  | .00                  | 28                                   | Rental / lease                                                 |  | .00 |
| 13                                         | Total Cost Of Production (8 to 12)  |  | .00                  | 29                                   | Maintenance and repairs                                        |  | .00 |
| 14                                         | GROSS PROFIT / LOSS (7 - 13)        |  | .00                  | 30                                   | Research and development                                       |  | .00 |
|                                            |                                     |  |                      | 31                                   | Promotion and advertisement                                    |  | .00 |
| 15                                         | Other business income               |  | .00                  | 32                                   | Travelling and accommodation                                   |  | .00 |
| 16                                         | Non-taxable profits                 |  | .00                  | 33                                   | Other expenditure                                              |  | .00 |
|                                            |                                     |  |                      | 34                                   | Total Expenditure (17 to 33)                                   |  | .00 |
|                                            |                                     |  |                      | 35                                   | NET PROFIT / LOSS                                              |  | .00 |
|                                            |                                     |  |                      | ▲ ( Enter 'X' if value is negative ) |                                                                |  |     |
|                                            |                                     |  |                      | 36                                   | Difference in crude oil lifting                                |  | .00 |
|                                            |                                     |  |                      | ▲ ( Enter 'X' if value is negative ) |                                                                |  |     |
|                                            |                                     |  |                      | 37                                   | Intangible Drilling Cost (IDC)                                 |  | .00 |
|                                            |                                     |  |                      | 38                                   | Qualifying allowance under First Schedule                      |  | .00 |
|                                            |                                     |  |                      | 39                                   | Non-allowable expenses                                         |  | .00 |

| D13                                                                         | Has subsidiary company(ies) or related entity(ies) in the Federal Territory of Labuan | <p>Labuan entities specified in the Schedule to section 2B of the Labuan Business Activity Tax Act 1990 (LBATA 1990) are:</p> <ul style="list-style-type: none"> <li>i) Labuan company (Labuan Companies Act 1990);</li> <li>ii) Labuan foundation (Labuan Foundations Act 2010);</li> <li>iii) Labuan Islamic foundation (Labuan Islamic Financial Services and Securities Act 2010);</li> <li>iv) Labuan Islamic partnership (Labuan Islamic Financial Services and Securities Act 2010);</li> <li>v) Labuan limited partnership (Labuan Limited Partnerships and Limited Liability Partnerships Act 2010);</li> <li>vi) Labuan limited liability partnership (Labuan Limited Partnership and Limited Liability Partnerships Act 2010);</li> <li>vii) Labuan Islamic trust (Labuan Islamic Financial Services and Securities Act 2010);</li> <li>viii) Labuan trust (Labuan Trusts Act 1996);</li> <li>ix) Malaysian Islamic bank licensee (Labuan Islamic Financial Services and Securities Act 2010);</li> <li>x) Malaysian bank licensee (Labuan Financial Services and Securities Act 2010);</li> <li>xi) Any Labuan financial institution (Labuan Financial Services Authority Act 1996); and</li> <li>xii) Any person declared by the Minister to be a Labuan entity under subsection 2B (2) of the LBATA 1990.</li> </ul> <p>If there is a subsidiary company or related entity in the Federal Territory (W.P.) Labuan, fill in '1' for 'Yes' and fill in the information as required in Appendix D13 provided.</p> <p style="text-align: right;"><b>Item D13 (Attachment)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">SUBSIDIARY COMPANIES OR RELATED ENTITIES IN THE FEDERAL TERRITORY OF LABUAN</th> </tr> <tr> <th>No.</th> <th>Name</th> <th>Registration No.</th> <th>TIN</th> <th>Transaction with Subsidiary Company/ Related Entity(ies)<br/>(Enter '1' = Yes<br/>'2' = No)</th> </tr> </thead> <tbody> <tr><td>(i)</td><td></td><td></td><td></td><td></td></tr> <tr><td>(ii)</td><td></td><td></td><td></td><td></td></tr> <tr><td>(iii)</td><td></td><td></td><td></td><td></td></tr> <tr><td>(iv)</td><td></td><td></td><td></td><td></td></tr> <tr><td>(v)</td><td></td><td></td><td></td><td></td></tr> <tr><td>(vi)</td><td></td><td></td><td></td><td></td></tr> <tr><td>(vii)</td><td></td><td></td><td></td><td></td></tr> <tr><td>(viii)</td><td></td><td></td><td></td><td></td></tr> <tr><td>(ix)</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Fill in '2' in the box for 'No' if there is no subsidiary or related entity in the Federal Territory of Labuan, or not relevant.</p> | SUBSIDIARY COMPANIES OR RELATED ENTITIES IN THE FEDERAL TERRITORY OF LABUAN |                                                                                           |  |  |  | No. | Name | Registration No. | TIN | Transaction with Subsidiary Company/ Related Entity(ies)<br>(Enter '1' = Yes<br>'2' = No) | (i) |  |  |  |  | (ii) |  |  |  |  | (iii) |  |  |  |  | (iv) |  |  |  |  | (v) |  |  |  |  | (vi) |  |  |  |  | (vii) |  |  |  |  | (viii) |  |  |  |  | (ix) |  |  |  |  |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--|--|--|-----|------|------------------|-----|-------------------------------------------------------------------------------------------|-----|--|--|--|--|------|--|--|--|--|-------|--|--|--|--|------|--|--|--|--|-----|--|--|--|--|------|--|--|--|--|-------|--|--|--|--|--------|--|--|--|--|------|--|--|--|--|
| SUBSIDIARY COMPANIES OR RELATED ENTITIES IN THE FEDERAL TERRITORY OF LABUAN |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| No.                                                                         | Name                                                                                  | Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TIN                                                                         | Transaction with Subsidiary Company/ Related Entity(ies)<br>(Enter '1' = Yes<br>'2' = No) |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (i)                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (ii)                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (iii)                                                                       |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (iv)                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (v)                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (vi)                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (vii)                                                                       |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (viii)                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |
| (ix)                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                           |  |  |  |     |      |                  |     |                                                                                           |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |      |  |  |  |  |     |  |  |  |  |      |  |  |  |  |       |  |  |  |  |        |  |  |  |  |      |  |  |  |  |

| D14                                   | Made payments to Labuan entity(ies) | <p>If the company makes a payment to a Labuan entity, fill in '1' in the box for 'Yes' and fill in other information as required in the attachment.</p> <p>Fill in '2' in the box for 'No' if not making a payment to a Labuan entity or not applicable.</p> <div style="text-align: right; background-color: #d3d3d3; padding: 5px;"><b>Item D14 (Attachment)</b></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th colspan="4">MADE PAYMENTS TO LABUAN ENTITY(IES)</th> </tr> <tr> <th style="width: 5%;">No.</th> <th style="width: 40%;">Type of Payment*</th> <th style="width: 35%;">Payment to Related Entity(ties)<br/>( Fill: 1 = Yes 2 = No)</th> <th style="width: 20%;">Total Payment</th> </tr> </thead> <tbody> <tr><td>(i)</td><td></td><td></td><td></td></tr> <tr><td>(ii)</td><td></td><td></td><td></td></tr> <tr><td>(iii)</td><td></td><td></td><td></td></tr> <tr><td>(iv)</td><td></td><td></td><td></td></tr> <tr><td>(v)</td><td></td><td></td><td></td></tr> <tr><td>(vi)</td><td></td><td></td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>TOTAL PAYMENTS ( (i) to (vi) )</b></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">* Type of Payment:</p> <ul style="list-style-type: none"> <li>Interest payment</li> <li>Lease rental</li> <li>Other payments</li> </ul> <p>For more information, refer to:</p> <ul style="list-style-type: none"> <li>~ Exemption of Malaysian residents from the provisions of paragraph 39(1)(r) of the ITA 1967 under the Income Tax (Exemption) Order (No. 11) 2021 [P.U.(A) 425/2021];</li> <li>~ Income Tax Rules (Deductions Not Allowed for Payments Made to Labuan Companies by Residents) 2018 (Amendment) 2020 [P.U.(A) 376/2020]; and</li> <li>~ Income Tax Rules (Deductions Not Allowed for Payments Made to Labuan Companies by Residents) 2018 [P.U.(A) 375/2018].</li> </ul> | MADE PAYMENTS TO LABUAN ENTITY(IES) |  |  |  | No. | Type of Payment* | Payment to Related Entity(ties)<br>( Fill: 1 = Yes 2 = No) | Total Payment | (i) |  |  |  | (ii) |  |  |  | (iii) |  |  |  | (iv) |  |  |  | (v) |  |  |  | (vi) |  |  |  | <b>TOTAL PAYMENTS ( (i) to (vi) )</b> |  |  |  |
|---------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|--|-----|------------------|------------------------------------------------------------|---------------|-----|--|--|--|------|--|--|--|-------|--|--|--|------|--|--|--|-----|--|--|--|------|--|--|--|---------------------------------------|--|--|--|
| MADE PAYMENTS TO LABUAN ENTITY(IES)   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |
| No.                                   | Type of Payment*                    | Payment to Related Entity(ties)<br>( Fill: 1 = Yes 2 = No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total Payment                       |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |
| (i)                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |
| (ii)                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |
| (iii)                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |
| (iv)                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |
| (v)                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |
| (vi)                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |
| <b>TOTAL PAYMENTS ( (i) to (vi) )</b> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |  |  |  |     |                  |                                                            |               |     |  |  |  |      |  |  |  |       |  |  |  |      |  |  |  |     |  |  |  |      |  |  |  |                                       |  |  |  |

| PART E: OTHER PARTICULARS |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item                      | Subject                                                                                                                                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                       |
| E1                        | Chargeable income of preceeding year not declared (if any)                                                                                                 | <p>Fill in the type of income, year of assessment and amount in the boxes provided.</p> <p>Working Sheet HK-J (refer to Company Return Form Guidebook) can be used as a guide for the purpose of recordkeeping. The relevant tax computation should be kept for IRBM's revision purposes, if required.</p>                                                                                                        |
| E2a                       | Made payments to non-residents in the basis period which are subject to withholding tax under sections 107A, 109, 109A, 109B and 109F, Income Tax Act 1967 | <p>Fill in '1' in the box for 'Yes' if the chargeable person made payments in the basis period which are subject to withholding tax under sections 107A, 107D, 109, 109A, 109B and 109F.</p> <p>Fill in '2' in the box for 'No' if not relevant</p> <p>Working Sheet HK-M (refer to Company Return Form Guidebook) can be used as a guide for record keeping.</p> <p>Types of withholding tax are as follows:</p> |

|     |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                           | <p><b>Withholding tax under section 107A</b><br/>Amount paid to the non-resident contractor for services under the contract.<br/>Withholding tax rate:<br/>10% on the gross amount [paragraph 107A(1)(a)]</p> <p><b>Add</b><br/>3% on the gross amount [paragraph 107A(1)(b)]<br/>(Regulations and procedures regarding its remittance to the Collections Unit / Branch of IRBM Revenue Management Centre counter has to be complied).</p> |
|     |                                                                                                                           | <p><b>Withholding tax under section 109</b><br/>Interest or royalties paid to a non-resident.</p> <p>Tax rate as in Part II Schedule 1, ITA 1967:<br/>Interest - 15% on the gross amount<br/>Royalties - 10% on the gross amount</p> <p>except if a different rate is stipulated in the Double Taxation Agreement (Refer to Appendix F in the Company Return Form Guidebook).</p>                                                          |
|     |                                                                                                                           | <p><b>Withholding tax under section 109A</b><br/>Payments made to public entertainers for services rendered in Malaysia.<br/>The tax rate stipulated in Part II Schedule 1 of ITA 1967 is 15% on the gross amount.</p>                                                                                                                                                                                                                     |
|     |                                                                                                                           | <p><b>Withholding tax under section 109B</b><br/>Special classes of payment under section 4A of ITA 1967 made to non-resident persons.</p> <p>The tax rate stipulated in Part V Schedule 1 of ITA 1967 is 10% on the gross amount except if a different rate is stipulated in the Double Taxation Agreement (Refer to Appendix F in the Company Return Form Guidebook).</p>                                                                |
|     |                                                                                                                           | <p><b>Withholding tax under section 109F</b><br/>Payments made to non-resident persons.</p> <p>Tax rate as in Part XIII Schedule 1 of ITA 1967 is 10% on the gross amount of gains or profits falling under paragraph 4(f) which is derived from Malaysia.</p>                                                                                                                                                                             |
| E3  | Transfer of assets, surrender the block(s) or exploration fields to PETRONAS / Malaysia - Thailand Joint Authority (MTJA) | Enter the applicable option, related to the transfer of assets, handover of blocks or exploration fields to PETRONAS / Malaysia – Thailand Joint Authority (MTJA).                                                                                                                                                                                                                                                                         |
| E3a | Transfer of assets to PETRONAS / MTJA                                                                                     | Fill in "1" if the chargeable person has transferred assets to PETRONAS / MTJA in the current year<br>Enter '2' if not.                                                                                                                                                                                                                                                                                                                    |
| E3b | Surrender the block(s) or exploration fields to PETRONAS / MTJA                                                           | Fill in "1" if OBD has surrendering a block or exploration field to PETRONAS / MTJA in the current year<br>Enter '2' if not                                                                                                                                                                                                                                                                                                                |

| <b>PART F: PARTICULARS OF AUDITOR</b> |                       |                                                                      |
|---------------------------------------|-----------------------|----------------------------------------------------------------------|
| <b>Item</b>                           | <b>Subject</b>        | <b>Explanation</b>                                                   |
| F1                                    | Name of firm          | Name of the audit firm which audits the chargeable person's accounts |
| F2                                    | Address of firm       | Correspondence address of the audit firm.                            |
| F3                                    | TIN of Firm           | TIN of the audit firm as registered with LHDNM.                      |
| F4                                    | E-mail of firm        | E-mail address of the audit firm.                                    |
| F5                                    | Telephone no. of firm | Telephone number of the audit firm.                                  |

| <b>PART G: PARTICULARS OF THE TAX AGENT AND SIGNATURE OF THE PERSON WHO COMPLETES THIS RETURN FORM</b> |                          |                                                                                                           |
|--------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Item</b>                                                                                            | <b>Subject</b>           | <b>Explanation</b>                                                                                        |
| G1                                                                                                     | Name of tax agent        | Name of the tax agent who prepared this return form.                                                      |
| G2                                                                                                     | Tax agent's approval no. | Tax agent's approval number which has been approved under the provision of subsection 153(3) of ITA 1967. |
| G3                                                                                                     | Name of firm             | Name of the tax agent's firm responsible for filling out this return form.                                |
| G4                                                                                                     | Address of firm          | Correspondence address of the tax agent's firm.                                                           |
| G5                                                                                                     | TIN of Firm              | TIN of the tax agent's firm as registered with IRBM.                                                      |
| G6                                                                                                     | Telephone no. of firm    | Telephone number of the tax agent's firm.                                                                 |
| G7                                                                                                     | E-mail of firm           | E-mail address of the tax agent's firm.                                                                   |
| G8                                                                                                     | Signature of tax agent   | Signature of the tax agent who prepared this return form.                                                 |
| G9                                                                                                     | Date of signature        | The date this return form is signed by the tax agent who prepared this return form.                       |

| <b>DECLARATION</b>                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Declaration must be made by a designated officer of the chargeable person pursuant to the provisions section 27 of PITA 1967.</p> <p>Penalty will be imposed in case of late submission of the petroleum return form to IRBM.</p> |

## COUNTRY CODES

| Name of Country                      | Country Code |  | Name of Country                       | Country Code |
|--------------------------------------|--------------|--|---------------------------------------|--------------|
| Afghanistan                          | AFG          |  | Brunei Darussalam                     | BRN          |
| Åland Islands                        | ALA          |  | Bulgaria                              | BGR          |
| Albania                              | ALB          |  | Burkina Faso                          | BFA          |
| Algeria                              | DZA          |  | Burundi                               | BDI          |
| American Samoa                       | ASM          |  | Cambodia                              | KHM          |
| Andorra                              | AND          |  | Cameroon                              | CMR          |
| Angola                               | AGO          |  | Canada                                | CAN          |
| Anguilla                             | AIA          |  | Cape Verde (Cabo Verde)               | CPV          |
| Antarctica                           | ATA          |  | Cayman Islands (the)                  | CYM          |
| Antigua and Barbuda                  | ATG          |  | Central African Republic (the)        | CAF          |
| Argentina                            | ARG          |  | Chad                                  | TCD          |
| Armenia                              | ARM          |  | Chile                                 | CHL          |
| Aruba                                | ABW          |  | China                                 | CHN          |
| Australia                            | AUS          |  | Christmas Island                      | CXR          |
| Austria                              | AUT          |  | Cocos (Keeling) Islands (the)         | CCK          |
| Azerbaijan                           | AZE          |  | Colombia                              | COL          |
| Bahamas (the)                        | BHS          |  | Comoros (the)                         | COM          |
| Bahrain                              | BHR          |  | Congo (the)                           | COG          |
| Bangladesh                           | BGD          |  | Congo, The Democratic Republic of the | COD          |
| Barbados                             | BRB          |  | Cook Islands                          | COK          |
| Belarus                              | BLR          |  | Costa Rica                            | CRI          |
| Belgium                              | BEL          |  | Côte D'ivoire                         | CIV          |
| Belize                               | BLZ          |  | Croatia (local name: Hrvatska)        | HRV          |
| Benin                                | BEN          |  | Cuba                                  | CUB          |
| Bermuda                              | BMU          |  | Curaçao                               | CUW          |
| Bhutan                               | BTN          |  | Cyprus                                | CYP          |
| Bolivia (Plurinational State of)     | BOL          |  | Czech Republic (Czechia)              | CZE          |
| Bonaire, Sint Eustatius and Saba     | BES          |  | Denmark                               | DNK          |
| Bosnia and Herzegovina               | BIH          |  | Djibouti                              | DJI          |
| Botswana                             | BWA          |  | Dominica                              | DMA          |
| Bouvet Island                        | BVT          |  | Dominican Republic (the)              | DOM          |
| Brazil                               | BRA          |  | Ecuador                               | ECU          |
| British Indian Ocean Territory (the) | IOT          |  | Egypt                                 | EGY          |

## COUNTRY CODES

| Name of Country                   | Country Code |
|-----------------------------------|--------------|
| El Salvador                       | SLV          |
| Equatorial Guinea                 | GNQ          |
| Eritrea                           | ERI          |
| Estonia                           | EST          |
| Eswatini                          | SWZ          |
| Ethiopia                          | ETH          |
| Falkland Islands (the) (Malvinas) | FLK          |
| Faroe Islands (the)               | FRO          |
| Fiji                              | FJI          |
| Finland                           | FIN          |
| France                            | FRA          |
| French Guiana                     | GUF          |
| French Polynesia                  | PYF          |
| French Southern Territories (the) | ATF          |
| Gabon                             | GAB          |
| Gambia (the)                      | GMB          |
| Georgia                           | GEO          |
| Germany                           | DEU          |
| Ghana                             | GHA          |
| Gibraltar                         | GIB          |
| Greece                            | GRC          |
| Greenland                         | GRL          |
| Grenada                           | GRD          |
| Guadeloupe                        | GLP          |
| Guam                              | GUM          |
| Guatemala                         | GTM          |
| Guernsey                          | GGY          |
| Guinea                            | GIN          |
| Guinea-Bissau                     | GNB          |
| Guyana                            | GUY          |
| Haiti                             | HTI          |
| Heard Island and McDonald Islands | HMD          |
| Honduras                          | HND          |

| Name of Country                            | Country Code |
|--------------------------------------------|--------------|
| Hong Kong                                  | HKG          |
| Hungary                                    | HUN          |
| Iceland                                    | ISL          |
| India                                      | IND          |
| Indonesia                                  | IDN          |
| Iran Islamic Republic of                   | IRN          |
| Iraq                                       | IRQ          |
| Ireland                                    | IRL          |
| Isle of Man                                | IMN          |
| Israel                                     | ISR          |
| Italy                                      | ITA          |
| Jamaica                                    | JAM          |
| Japan                                      | JPN          |
| Jersey (Channel Islands)                   | JEY          |
| Jordan                                     | JOR          |
| Kazakhstan                                 | KAZ          |
| Kenya                                      | KEN          |
| Kiribati                                   | KIR          |
| Korea, the Democratic People's Republic of | PRK          |
| Korea, the Republic of                     | KOR          |
| Kuwait                                     | KWT          |
| Kyrgyzstan                                 | KGZ          |
| Lao People's Democratic Republic (the)     | LAO          |
| Latvia                                     | LVA          |
| Lebanon                                    | LBN          |
| Lesotho                                    | LSO          |
| Liberia                                    | LBR          |
| Libya                                      | LBY          |
| Liechtenstein                              | LIE          |
| Lithuania                                  | LTU          |
| Luxembourg                                 | LUX          |
| Macao                                      | MAC          |
| North Macedonia, the Republic of           | MKD          |

## COUNTRY CODES

| Name of Country                 | Country Code |
|---------------------------------|--------------|
| Madagascar                      | MDG          |
| Malawi                          | MWI          |
| Malaysia                        | MYS          |
| Maldives                        | MDV          |
| Mali                            | MLI          |
| Malta                           | MLT          |
| Marshall Islands (the)          | MHL          |
| Martinique                      | MTQ          |
| Mauritania                      | MRT          |
| Mauritius                       | MUS          |
| Mayotte                         | MYT          |
| Mexico                          | MEX          |
| Micronesia, Federated States of | FSM          |
| Moldova, the Republic of        | MDA          |
| Monaco                          | MCO          |
| Mongolia                        | MNG          |
| Montenegro                      | MNE          |
| Montserrat                      | MSR          |
| Morocco                         | MAR          |
| Mozambique                      | MOZ          |
| Myanmar                         | MMR          |
| Namibia                         | NAM          |
| Nauru                           | NRU          |
| Nepal                           | NPL          |
| Netherlands (Kingdom of the)    | NLD          |
| New Caledonia                   | NCL          |
| New Zealand                     | NZL          |
| Nicaragua                       | NIC          |
| Niger                           | NER          |
| Nigeria (the)                   | NGA          |
| Niue                            | NIU          |
| Norfolk Island                  | NFK          |
| Northern Mariana Islands (the)  | MNP          |

| Name of Country                  | Country Code |
|----------------------------------|--------------|
| Norway                           | NOR          |
| Oman                             | OMN          |
| Pakistan                         | PAK          |
| Palau                            | PLW          |
| Palestinian, State of            | PSE          |
| Panama                           | PAN          |
| Papua New Guinea                 | PNG          |
| Paraguay                         | PRY          |
| Peru                             | PER          |
| Philippines (the)                | PHL          |
| Pitcairn                         | PCN          |
| Poland                           | POL          |
| Portugal                         | PRT          |
| Puerto Rico                      | PRI          |
| Qatar                            | QAT          |
| Réunion                          | REU          |
| Romania                          | ROU          |
| Russian Federation (the)         | RUS          |
| Rwanda                           | RWA          |
| Saint Barthélemy                 | BLM          |
| Saint Kitts and Nevis            | KNA          |
| Saint Lucia                      | LCA          |
| Saint Martin (French part)       | MAF          |
| Saint Vincent and the Grenadines | VCT          |
| Samoa                            | WSM          |
| San Marino                       | SMR          |
| Sao Tome and Principe            | STP          |
| Saudi Arabia                     | SAU          |
| Senegal                          | SEN          |
| Serbia                           | SRB          |
| Seychelles                       | SYC          |
| Sierra Leone                     | SLE          |
| Singapore                        | SGP          |

## COUNTRY CODES

| Name of Country                              | Country Code |
|----------------------------------------------|--------------|
| Sint Maarten (Dutch part)                    | SXM          |
| Slovakia                                     | SVK          |
| Slovenia                                     | SVN          |
| Solomon Islands                              | SLB          |
| Somalia                                      | SOM          |
| South Africa                                 | ZAF          |
| South Georgia and the South Sandwich Islands | SGS          |
| South Sudan                                  | SSD          |
| Spain                                        | ESP          |
| Sri Lanka                                    | LKA          |
| Saint Helena, Ascension and Tristan da Cunha | SHN          |
| Saint Pierre and Miquelon                    | SPM          |
| Sudan (the)                                  | SDN          |
| Suriname                                     | SUR          |
| Svalbard and Jan Mayen                       | SJM          |
| Sweden                                       | SWE          |
| Switzerland                                  | CHE          |
| Syrian Arab Republic (the)                   | SYR          |
| Taiwan, Province of China                    | TWN          |
| Tajikistan                                   | TJK          |
| Tanzania, the United Republic of             | TZA          |
| Thailand                                     | THA          |
| Timor - Leste                                | TLS          |
| Togo                                         | TGO          |
| Tokelau                                      | TKL          |
| Tonga                                        | TON          |
| Trinidad and Tobago                          | TTO          |
| Tunisia                                      | TUN          |
| Türkiye                                      | TUR          |
| Turkmenistan                                 | TKM          |
| Turks and Caicos Islands (the)               | TCA          |
| Tuvalu                                       | TUV          |
| Uganda                                       | UGA          |

| Name of Country                                            | Country Code |
|------------------------------------------------------------|--------------|
| Ukraine                                                    | UKR          |
| United Arab Emirates (the)                                 | ARE          |
| United Kingdom of Great Britain and Northern Ireland (the) | GBR          |
| United States of America (the)                             | USA          |
| United States Minor Outlying Islands (the)                 | UMI          |
| Uruguay                                                    | URY          |
| Uzbekistan                                                 | UZB          |
| Vanuatu                                                    | VUT          |
| Holy See (the)                                             | VAT          |
| Venezuela (Bolivarian Republic of)                         | VEN          |
| Viet Nam                                                   | VNM          |
| Virgin Islands (British)                                   | VGB          |
| Virgin Islands (U.S.)                                      | VIR          |
| Wallis And Futuna                                          | WLF          |
| Western Sahara                                             | ESH          |
| Yemen                                                      | YEM          |
| Zambia                                                     | ZMB          |
| Zimbabwe                                                   | ZWE          |