



**RESIDENT/NON-RESIDENT INTEREST WITHHOLDING TAX
(RIWT/NRIWT) REFUND FORM
YEAR ENDING _____**

<p>First Name: <input style="width:100%;" type="text"/></p> <p>Middle Name: <input style="width:100%;" type="text"/></p> <p>Last Name: <input style="width:100%;" type="text"/></p> <p>Postal Address: <input style="width:100%; height: 40px;" type="text"/></p> <p>Residential Address: <input style="width:100%; height: 40px;" type="text"/></p>	<p>T.I.N: <input style="width:100%; height: 20px;" type="text"/></p> <p>Phone: <input style="width:100%; height: 20px;" type="text"/> Mobile: <input style="width:100%; height: 20px;" type="text"/></p> <p>Residential Status: (Tick Appropriate Box) Resident: <input type="checkbox"/> Non - Resident <input type="checkbox"/></p> <p><u>Bank Account Detail for Refund Deposit</u></p> <p>Bank Name: <input style="width:100%; height: 20px;" type="text"/></p> <p>Branch: <input style="width:100%; height: 20px;" type="text"/></p> <p>Account No: <input style="width:100%; height: 20px;" type="text"/></p> <p align="right">(Note : The bank account given must belong to you.)</p>
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INTEREST DETAILS

Bank Name	Account No	Interest Received	Tax Deducted	Source of Fund

(Please attach P32-2 certificate)

REASON FOR REFUND:

DECLARATION

I _____ declare that the information provided on this form is correct in every detail.

Name: Signature: Date:

DECLARATION BY TAX AGENT

I _____ declare that this form has been prepared in accordance with information supplied by the taxpayer.

Tax Agent's No : Signature: Date:

NOTE: All attachments to this form must be signed by the person authorised to complete the form.
IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION

<p>FOR OFFICIAL USE ONLY</p> <p>Journal Created By: <input style="width:100%;" type="text"/></p> <p>Signature: <input style="width:100%;" type="text"/></p> <p>Date : <input style="width:100%; text-align: center;" type="text"/></p>	<p>Refund Approved By: <input style="width:100%;" type="text"/></p> <p>Signature: <input style="width:100%;" type="text"/></p> <p>Date : <input style="width:100%; text-align: center;" type="text"/></p>
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