

# CORPORATE TRANSFER PRICING COMPLIANCE RETURN

Annual Disclosure Form for Related Party Transactions

## PART I: REPORTING ENTITY INFORMATION

Name of Reporting Entity

Tax Identification Number (TIN)

Registered Jurisdiction

Reporting Fiscal Period

Ultimate Parent Entity Name

Ultimate Parent Jurisdiction

## PART II: RELATED PARTY DIRECTORY

No.	Name of Associated Enterprise	Country of Tax Residence	Nature of Relationship / Shareholding %
1			
2			
3			
4			
5			

## PART III: SUMMARY OF CONTROLLED TRANSACTIONS

Transaction Category	Transfer Pricing Method Applied	Tested Party (Y/N)	Aggregate Value (Local Currency)	Arm's Length Margin/Result
Tangible Goods (Imports)				
Tangible Goods (Exports)				
Provision of Services				
Receipt of Services				
Royalties / Intangibles (Licensing)				

Transaction Category	Transfer Pricing Method Applied	Tested Party (Y/N)	Aggregate Value (Local Currency)	Arm's Length Margin/Result
Financial Transactions (Loans/Interest)				
Other (Specify):				

#### PART IV: TRANSFER PRICING METHODOLOGY SELECTION

Select all Transfer Pricing Methods utilized to establish the arm's length price during the reporting period:

- Comparable Uncontrolled Price (CUP) Method
- Resale Price Method (RPM)
- Cost Plus Method (CPM)
- Transactional Net Margin Method (TNMM)
- Transactional Profit Split Method (TPSM)
- Other Method (Attach description)

#### PART V: COMPLIANCE AND DOCUMENTATION STATUS

Compliance Statement	Yes	No
Has contemporary transfer pricing documentation (Master File / Local File) been prepared prior to the filing due date?		
Has a Country-by-Country (CbC) Report / Notification been filed, if applicable?		
Are any of the transactions covered by an active Advance Pricing Agreement (APA)?		
Has any transfer pricing adjustment been made in the tax computation for this fiscal period?		

#### PART VI: DECLARATION AND SIGN-OFF

I hereby declare that I am authorized to sign this return on behalf of the reporting entity, and that to the best of my knowledge and belief, the information provided in this Transfer Pricing Compliance Return and any accompanying attachments is true, correct, and complete.

\_\_\_\_\_  
Authorized Representative Signature

Name:

\_\_\_\_\_

Designation:

\_\_\_\_\_

\_\_\_\_\_  
Date (DD/MM/YYYY)

Place:

\_\_\_\_\_

**Notice:** This return must be filed in accordance with the Transfer Pricing Regulations of the relevant jurisdiction. Failure to submit this return or submitting incomplete/incorrect information may result in penalty assessments, interest charges, and potential transfer pricing adjustments.