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|  | **NOTIFICATION FORM ON BUSINESS OPERATION**  | **R&D STATUS**(Effective from 01.01.2022) |

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| **NOTIFICATION OF BUSINESS OPERATION FOR APPROVED R&D STATUS COMPANY** |

1. **Document checklist (Please tick (✓) where relevant):**

1. Copy of R&D Status Approval Letter
2. Copy of Business License by Local Authority
3. **Type of R&D Company (Please tick (✓) where relevant):**

1. R&D Company\*
2. Contract R&D Company\*\*

**A. PARTICULARS OF R&D STATUS COMPANY**

|  |  |
| --- | --- |
| 1. | (a) Name of R&D company (Company which was approved for R&D Status) : |
|  |  |  |  |
|  |  |  |
|  |  | Date of incorporation: |  | Company registration no.: |
|  |  |  |  |
|  |  |  |
|  |  | Income tax reference no.: |  | Income tax branch office.: |
|  |  |  |  |
|  | (b) Address of operating premise: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |  | Contact person: | Designation: |  |
|  |  |  |  |  |  |
|  |  |  |
|  | Telephone no.:  |  | Fax no.: |  |
|  |  |  |  |  |  |
|  |  |
|  |  | E-mail: |  | Website: |  |
|  |  |  |  |  |  |
|  | (c) Address of registered office: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |   | Telephone no.: |  | Fax no.: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | E-mail: |  |  |  |
|  |  |  |  |  |  |
| 2. | Date of R&D Status approval | 3. | **Date of commencement of approved R&D Activities** as per company’s R&D Status approval\*: |
|  |  |  |  |

\*Company may refer to the R&D Status Approval Letter for the R&D activities approved.

**B. DECLARATION**

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| I , |  | , the Managing Director of |
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| --- | --- |
| (i)  | hereby declare that to the best of my knowledge, the particulars furnished in this application are true. |

|  |  |
| --- | --- |
| (ii)\* | have engaged the services of the following consultant for my notification: |
|  |  |
|  |  | Company Name | : |  |  |
|  |  | Address | : |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Contact Person | : |  |  |
|  |  | Designation | : |  |  |
|  |  | Telephone no. | : |  |  |
|  |  | Fax no. | : |  |  |
|  |  | E-mail | : |  |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  | I take full responsibility for all information submitted by the consultant(s). |

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|  |  |  |  |  |
|  |  | Date |  | (Signature) |
|  |  |  |  |
|  |  |  | (Company’s Stamp or Seal) |
|  | \*Please complete this section if the company has engaged the services of consultant(s) to act on behalf of the company. Please provide information on a separate sheet of paper if space is insufficient |