

REQUEST FOR INFORMATION UNDER THE DOUBLE TAXATION AGREEMENT WITH CAMBODIA

The completed form constitutes a confidential communication between the relevant competent authorities.

1.	To:		
2.	From:		
3.	Contact point	Name:	
		Email:	
		Telephone:	
		Fax:	
		Language skills:	
4.	Legal Basis:		
5.	Reference numbers and related matters	Reference number:	
		Initial request:	Please check the box: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide reference number(s) and date(s) of any related request(s):
		Acknowledgement needed:	Please check the box: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of attachments to the request:	
		Total number of pages for all attachments:	
6.	Urgency of reply	Date, if any, after which information would no longer be useful:	
		Urgent reply required due to:	Please check the box: <input type="checkbox"/> Statute of limitation; date: <input type="checkbox"/> Suspected fraud <input type="checkbox"/> Court case <input type="checkbox"/> other reasons (please specify):
7.	Identity of person(s) under examination or investigation:		

8.	Request to refrain from notifying the taxpayer(s) involved:	Please Check the box: <input type="checkbox"/> Yes <input type="checkbox"/> No Reasons: If yes, the competent authority confirms that the requesting country would be able to refrain from notification in similar circumstances.
9.	Time period or taxable event for which or in relation to which the information is sought:	
10.	Tax(es) to which the request relates:	
11.	Tax purpose for which the information is requested:	<input type="checkbox"/> determination, assessment and collection of taxes <input type="checkbox"/> recovery and enforcement of tax claims <input type="checkbox"/> investigation or prosecution of tax matters <input type="checkbox"/> other (please specify):
12.	Relevant background:	
13.	Information requested:	

14.	Grounds for believing that the requested information is held in the requested jurisdiction or is within the possession or control of a person within its jurisdiction:		
15.	Name and address of any person believed to be in possession of the information requested (to the extent known):		
16.	Form, if any, in which information is requested:	For copies of documents what type of authentication, if any, is requested:	
Other form requirements, if any:			
<p>In making the request, the requesting competent authority states that:</p> <p>(a) all information received in relation to this request will be kept confidential and used only for the purposes permitted in the agreement which forms the basis for this request;</p> <p>(b) the request is in conformity with its law and administrative practice and is further in conformity with the agreement on the basis of which it is made;</p> <p>(c) the information would be obtainable under its laws and the normal course of its administrative practice in similar circumstances;</p> <p>(d) it has pursued all means available in its own territory to obtain the information, except those that would give rise to disproportionate difficulties.</p>			

Date

Authorized signature of requesting competent authority