

Request for Proposal

SWIFT Customer Security Controls Framework Assessment for 2024

Dear Sir / Madame,

Union Bank invites you to participate in the procurement process for “SWIFT Customer Security Controls Framework Assessment for 2024”.

The purpose of this Request for proposal is to accept evaluate and select the best Proposal that meets the Bank's requirements for this process, according to the requirements listed in this request for Proposal.

The proposals will be evaluated in accordance with the selection criteria below that will determine the winning bid:

- Proposed solution.
- Evaluation based on the best and final offer for the requested service/s.

Thank you in advance for your reply and best regards,

Signed by:

Mrs. Suela Bokshi

COO and Member of Executive Directorate

Marika Martiri

Head of Administration Department

Date issued 22 October 2024

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1. Introduction

Union Bank (hereinafter “the Bank”, or “UB”) is a financial institution registered as a commercial bank on 9 January 2006. For further information regarding the Bank’s activities, size and financial situation, please visit our website: www.unionbank.al.

2. RFP Objective

Union bank is seeking proposals from qualified provider to perform a comprehensive “SWIFT Customer Security Controls Framework v2024” assessment activity.

3. Scope of Work

- Evaluate implementation of the SWIFT security controls in compliance with “SWIFT Customer Security Controls Framework v2024”.
- Fulfill the “CSCF_Assessment_Template_for_Mandatory_Controls_v2024_v1.0.xlsx”
- Fulfill the “CSCF Assessment Completion Letter_v1_1.docx”
- Any other mandatory documentation for this process

Note: Architecture type, will be sent to each bidder after sending the Signed NDA template.

4. Requirements

4.1 Qualifications

- Service provider is listed to “CSP Certified Assessors Directory” and has at least 2 certified staff to conduct the service.
Ref. <https://www.swift.com/myswift/customer-security-programme-csp/customer-security-programme-assessor-certification/why-choose-swift-csp-certified-assessor>

4.2 Deliverables

- Fulfilled “CSCF_Assessment_Template_for_Mandatory_Controls_v2024_v1.0.xlsx”
- Fulfilled “CSCF Assessment Completion Letter_v1_1.docx”
- Any other mandatory documentation for this process

5. Project Organization & Governance

Project Management methodology will be defined accordingly, based on the proposal submitted by you in the technical proposal document.

Bank will contribute to project quality assurance during implementation, provide required information for the assessment, internal coordination, and other requirements defined during the procurement and project kick off phases.

6. Request for Proposal Timeline

<u>Date</u>	<u>Event</u>
October 22, 2024	RFP Issued
October 25, 2024	Deadline for submitting questions, clarifications, and NDA signing
October 29, 2024	Deadline for the Bank to submit the answers
November 1 st , 2024	Deadline for bidders to submit proposals
November 15 th , 2024	Deadline for the Bank to Notify selections
November 22 nd , 2024	Contract sign off

Proposals must be received on or before the deadline and submitted by email to procurement@unionbank.al

The proposal format must contain the list of documentation included in Annex 1 attached to this RFP.

The offer must remain valid for a period of at least 180 days from the date of the submission.

7. Evaluation Criteria

- **Expertise and Experience:** Relevant experience with SWIFT Assessment.
- **Approach and Methodology:** Quality and comprehensiveness of the proposed approach.
- **Cost:** Total cost and value for money.
- **References:** Feedback from previous clients and case studies.

ANNEX 1: List of Proposal Documentation:

- Detailed description of your proposed solution and how it specifically accomplishes the functions in scope of the bank's requirements.
- Administrative information/ vendor profile (mailing address, phone number of designated point of contact).
- List of respective activity performed in the last 3-5 years, specifying the bank/institution, and respective references (if any).
- Key profiles of the company and detailed CV-s of the resources that will be engaged the bank's project.
- Project management approach (Including key project risk monitoring Procedure).
- Proposed Timeline of the project and resource allocation.
- Draft template of the contract proposed by company.
- Signed NDA template, as per Appendix I attached to the RFP

Commercial Proposal which must include:

- Total commercial proposal.
- Breakdown of applicable fees into phases of the project (if applicable)
- Conditions and deliverables for payments
- * Declaration for supporting on procedures for avoidance of double taxation.

*** Note:** For the interested companies that are non-resident in Albania, to calculate properly the taxes that the Bank will pay to local tax authorities, we are asking you to confirm if your company is going to support or not the Bank on the procedures for the avoidance of the double taxation procedure. By this, we can declare to the local tax authorities that the procedure will be followed in case your proposal will be selected as Winner of this process.

If you'll support us on this process, we'll need a scanned copy of the certificate of residence and the original hard copy version to be provided later. The other documents listed as Appendix II, can be completed in a second moment once the payments have been completed from the Bank. With the winner will be stated in the Agreement that will be signed that will support on this procedure.

Currency of the proposal shall be in EUR, to be specified VAT and / or any other applicable tax included or not.

Subcontracting will NOT be allowed during the realization of the contract, except with prior Bank approval. In case verified, it will lead to immediate interruption of the Contract.

The Bank reserves the right to continue the process with the Bidder that will better match the bank's expectations in terms of both technical and financial parameters.

To ensure same level of information for all participants, whatever answer or additional clarification that the Bank will give to one of the interested companies, will be shared with the rest of the participants in this process.

Appendix 1**NON-DISCLOSURE AGREEMENT**

This Non-Disclosure Agreement (“Agreement”) has been entered into on the date of _____.2024 and is by and between:

Party disclosing information: UNION BANK J.S.C. (“**Disclosing Party**”)

a company registered and existing under the laws of Albania, seated in Tirana, having its registered office at Municipality Unit nr. 9, Plz. “Ferenc Nopçka”, Blg. Nr. 5, Postal Code 1016, Tirana, Albania, legally represented for the signature of this Agreement by **Mrs. Flutura Veipi**, in her capacity as Chief Executive Officer.

Party receiving information: (“**Receiving Party**”),

a company registered and existing under the laws of the _____, seated in _____, having its registered office at _____, legally represented for the signature of this Agreement by _____, in his capacity as _____.

The contracting parties may enter in a mutual cooperation for Penetration Test.

For the purpose of preventing the unauthorized disclosure of confidential information as defined below. The parties agreed to enter a confidential relationship, concerning the disclosure of certain proprietary and confidential information (“Confidential Information”).

1. Definition of Confidential Information

For purpose of this agreement, Confidential Information shall include all information or materials that has or could have personal, administrative or commercial value or other utility in the business in which the Disclosing Party is engaged. All the information or materials that the Disclosing Party will disclose, should be considered as Confidential Information by the Receiving Party.

2. Exclusion of Confidential Information

Receiving Party’s obligations under this Agreement do not extend to information that is: (a) Publicly known at the time of disclosure or subsequently become publicly known through no fault of the Receiving Party; (b) Proved that is discovered or created by the Receiving Party before disclosure by the Disclosing Party; (c) Proved that is learned by the Receiving Party through legitimate means other than from the Disclosing Party or Disclosing Party’s representative; (d) Is disclosed by Receiving Party with Disclosing Party’s prior written approval.

3. Obligation of Receiving Party

Receiving Party shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the Disclosing Party.

Receiving Party shall carefully restrict access to Confidential Information to employees, contractors and third parties as is reasonably required and shall require those parties to sign nondisclosure restrictions at least as protective as those in the Agreement.

Receiving Party shall not, without written approval from the Disclosing Party, use for Receiving Party’s benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party any Confidential Information.

Receiving Party shall return to the Disclosing Party all records, notes, and other written, printed, or tangible information or materials, in its possession pertaining to Confidential Information immediately if Disclosing Party request it in writing. The Receiving party shall provide the Disclosing party with tangible prove that all the information/documents that were obtained during their cooperation, which was not returned was destroyed. In whatsoever circumstances, the Receiving party is responsible for returning/destroying the above mentioned documents.

4. Time Periods

The nondisclosure provisions of this Agreements shall survive the termination of this Agreement and Receiving Party’s duty to hold Confidential Information in confidence shall remain in effect until the Confidential Information is no longer qualified as trade secret or until the Disclosing Party sends to the Receiving Party written notice releasing the Receiving Party from this Agreement, whichever occurs first.

5. Relationships

Nothing contained in this Agreement shall be deemed to constitute either party a partner, joint venture, or employee of the other party for any purpose.

6. Severability

If any court finds any provisions of the Agreement invalid or unenforceable, the remainder of this Agreement shall be interpreted so as best to affect the intent of the parties. The parties agree that any disagreement that may arise from the interpretation of this NDA, shall be presented to the judicial of the District Court of Tirana.

7. Integration

This Agreement expresses the complete understanding of the parties with respect to the subject matter and supersedes all prior proposals, agreements, representations, and understandings. This Agreement may not be amended expect in writing signed by both parties.

8. Waiver

The failure to exercise any right provided in this Agreement shall not be a waiver of prior or subsequent rights.

This Agreement and each party’s obligations shall be binding on the representatives, assigns and successors of such party. Each party has signed this Agreement through its authorized representative.

RECEIVING PARTY

Typed or Printed Name: _____ Date: _____

Signature: _____

DISCLOSING PARTY

Typed or Printed Name: UNION BANK Date: _____

Signature: _____



REPUBLIKA E SHQIPERISE

REPUBLIC OF ALBANIA

MINISTRIA E FINANCEVE
DREJTORIA E PERGJITHSHME

MINISTRY OF FINANCE
GENERAL TAXATION

E TATIMEVE

DEPARTMENT

Rr. "Mustafa Lleshi", Nr. 7, Tirana Tel : (355 4) 374156 Fax: (355 4) 374159

Nr. ____ Prot.

Tiranë, __/__/

Kopjo 1 për kërkuesin (përfituesin e të ardhurave) – **Copy 1** for the claimant (recipient of income)

KERKESE PER ZBATIMIN E MARREVESHJES PER HEQJEN E TAKSIMIT TE DYFISHTE MIDIS SHQIPERISE DHE

CLAIM FOR THE APPLICATION OF THE AGREEMENT FOR THE AVOIDANCE OF DOUBLE TAXATION BETWEEN ALBANIA AND

I. Të dhëna për përfituesin e të ardhurave – Information on the recipient of income:

Emri i plotë/Emri tregtar

Full name/Business name

Forma juridike

Legal form

Profesioni/aktiviteti

Profession/activity

Kodi fiskal ose NIPT

Fiscal code or Adresa e plotë

Full address

Përfaqsimi në Shqipëri (nëse ka)

Representation in Albania (if any)

II. Të dhëna për paguesin e të ardhurave – Information on the payer of income:

Emri i plotë/Emri tregtar	
<i>Full name/Business name</i>	UNION BANK SHA
Forma juridike	
<i>Legal form</i>	JOINT STOCK COMPANY
Profesioni/aktiviteti	
<i>Profession/activity</i>	BANKING ACTIVITY
Kodi fiskal ose NIPT	
<i>Fiscal code or TIN</i>	K51807801R
Adresa e plotë	
<i>Full Address</i>	Bulevardi Zogu I, Sheshi Ferenc Nopçka, Nd.5, H.3, Njesia Bashkiake Nr.9, Kodi Postar 1016, Tirane, Shqiperi

III. Të dhëna mbi të ardhurat – Information on income:

Lloji i të ardhurës

Type of income

Shuma e të ardhurës

Total amount of income

Data e pagesës

Date of payment

.....

Tarifa e tatimit dhe shuma e tatimit të paguar

Tax rate and amount of tax paid.....0%.....

IV. Të dhëna për dokumentat që bashkangjiten – Information on attached documents:

(Lloji i dokumentave, numri dhe data e lëshimit – *type of documents, number and issuing date*)

V. Të dhëna të tjera – Other information:

.....
.....

VI. Deklarimi i kërkuesit (përfituesit) – Declaration of the claimant (beneficiary):

Unë deklaroj se jam pronari përfitues i të ardhurave të sipër-përmendura dhe se çdo e dhënë në këtë kërkesë është e vërtetë – *I hereby declare that I am the beneficial owner of the above-mentioned income and any information given in this claim is true.*

Vendi dhe data

Place and date

Firma dhe vula e përfituesit –

Signature and Stamp of the beneficiary

VII. Vërtëtimi nga Autoriteti Tatimor i Vendit të Rezidencës së përfituesit – Certification by the Tax Authority of the beneficiary’s residence country.

Unë vërtëtoj se përfituesi ka qenë/është rezident i gjatë vitit të specifikuar më sipër në kuptimin e Nenit 3 të Marrëveshjes për heqjen e taksimit të dyfishtë midis Shqipërisë dhe

I certify that the beneficiary is/was during the year specified above a resident of within the meaning of Article 3 of the Agreement for the avoidance of double taxation between Albania and

**Vendi dhe data
kompetent**

Place and date

.....

**Vula e Autoritetit Tatimor
Stamp of Tax Authority**

.....

Emri dhe nënshkrimi i punonjësit

*Name and Signature of competent
official*

.....

UDHEZIME PER PLOTESIMIN E KETIJ FORMULARI

1. Ky formular i jepet personave rezidentë të vendeve me të cilat Republika e Shqipërisë ka përfunduar Marrëveshje për Heqjen e Taksimit të Dyfishtë, ndaj të cilëve aplikohen dispozitat e këtyre marrëveshjeve lidhur me tatimet e mbajtura në burim ndaj dividendëve, interesave, honorareve dhe shërbimeve teknike.
2. Formulari konsiston në katër kopjo, kopjo 1 për përfituesin, kopjo 2 për paguesin e të ardhurave, kopjo 3 për Autoritetin Tatimor Shqiptar dhe kopjo 4 për Autoritetin e Huaj Tatimor. Rubrikat I, IV, V dhe VI plotsohen nga përfituesi (kërkuesi); rubrikat II dhe III nga paguesi dhe rubrika VII nga Autoriteti i Huaj Tatimor.
3. Aplikimi i plotsuar paraqitet në Drejtorinë e Përgjithshme të Tatimeve në Republikën e Shqipërisë në Adresën: Rr.Mustafa Lleshi nr.7, Tiranë, Shqipëri, jo më vonë se dy vjet nga data e kryerjes së pagesës.

INSTRUCTIONS FOR FILLING IN THIS FORM

1. This form is submitted to resident persons of countries with which the Republic of Albania has concluded Agreements for the avoidance of double taxation and which persons are subject to the provisions of such Agreements concerning the withholding taxes on dividends, interest, royalties and technical services.
2. The form consists in four copies; copy 1 is for the beneficiary, copy 2 for the payer of income (remuneration), copy 3 for the Albanian Tax Authority and copy 4 for the Foreign Tax Authority. Items I, IV, V and VI are to be filled by the beneficiary (claimant); items II and III are to be filled by the payer and item VII is to be filled by the foreign tax authority.
3. The completed form is submitted to the General Taxation Department in the Republic of Albania at the address: Rr."Mustafa Lleshi" nr.7, Tirana, Albania, within the period of two years from the date of the payment.



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DREJTORIA E PERGJITHSHME

MINISTRY OF FINANCE
GENERAL TAXATION

E TATIMEVE

DEPARTMENT

Rr. "Mustafa Lleshi", Nr. 7, Tirana Tel : (355 4) 374156 Fax: (355 4) 374159

Nr. ____ Prot.

Tiranë, ___/___/___

Kopjo 2 për paguesin e të ardhurave (shpërblimit) – **Copy 2** for the payer of income(remuneration)

KERKESE PER ZBATIMIN E MARREVESHJES PER HEQJEN E TAKSIMIT TE DYFISHTE MIDIS SHQIPERISE DHE

CLAIM FOR THE APPLICATION OF THE AGREEMENT FOR THE AVOIDANCE OF DOUBLE TAXATION BETWEEN ALBANIA AND

I. Të dhëna për përfituesin e të ardhurave – Information on the recipient of income:

Emri i plotë/Emri tregtar

Full name/Business name

Forma juridike

Legal form .

Profesioni/aktiviteti

Profession/activity

Kodi fiskal ose NIPT

Fiscal code or Adresa e plotë

Full address

Përfaqsimi në Shqipëri (nëse ka)

Representation in Albania (if any)

II. Të dhëna për paguesin e të ardhurave – Information on the payer of income:

Emri i plotë/Emri tregtar
Full name/Business name UNION BANK SHA

Forma juridike
Legal form JOINT STOCK COMPANY

Profesioni/aktiviteti
Profession/activity BANKING ACTIVITY

Kodi fiskal ose NIPT
Fiscal code or TIN K51807801R

Adresa e plotë
Full Address Bulevardi Zogu I, Sheshi Ferenc Nopçka, Nd.5, H.3, Njesia Bashkiake Nr.9,
Kodi Postar 1016, Tirane, Shqiperi

III. Të dhëna mbi të ardhurat – Information on income:

Lloji i të ardhurës
Type of income

Shuma e të ardhurës
Total amount of income

Data e pagesës
Date of payment

.....

Tarifa e tatimit dhe shuma e tatimit të paguar
Tax rate and amount of tax paid.....0%.....

IV. Të dhëna për dokumentat që bashkangjiten – Information on attached documents:

(lloji i dokumentave, numri dhe data e lëshimit – *type of documents, number and issuing date*)

V. Të dhëna të tjera – Other information:

.....
.....

VI. Deklarimi i kërkuesit (përfituesit) – Declaration of the claimant (beneficiary):

Unë deklaroj se jam pronari përfitues i të ardhurave të sipër-përmendura dhe se çdo e dhënë në këtë kërkesë është e vërtetë – *I hereby declare that I am the beneficial owner of the above-mentioned income and any information given in this claim is true.*

Vendi dhe data

Place and date

Firma dhe vula e përfituesit –

Signature and Stamp of the beneficiary

VII. Vërtëtimi nga Autoriteti Tatimor i Vendit të Rezidencës së përfituesit – Certification by the Tax Authority of the beneficiary's residence country.

Unë vërtëtoj se përfituesi ka qenë/është rezident i gjatë vitit të specifikuar më sipër në kuptimin e Nenit 3 të Marrëveshjes për heqjen e taksimit të dyfishtë midis Shqipërisë dhe

I certify that the beneficiary is/was during the year specified above a resident of within the meaning of Article 3 of the Agreement for the avoidance of double taxation between Albania and

Vendi dhe data kompetent

Place and date

.....

**Vula e Autoritetit Tatimor
Stamp of Tax Authority**

.....

Emri dhe nënshkrimi i punonjësit

Name and Signature of competent official

.....

UDHEZIME PER PLOTESIMIN E KETIJ FORMULARI

1. Ky formular i jepet personave rezidentë të vendeve me të cilat Republika e Shqipërisë ka përfunduar Marrëveshje për Heqjen e Taksimit të dyfishtë, ndaj të cilëve aplikohen dispozitat e këtyre marrëveshjeve lidhur me tatimet e mbajtura në burim ndaj dividendëve, interesave, honorareve dhe shërbimeve teknike.
2. Formulari konsiston në katër kopjo, kopjo 1 për përfituesin, kopjo 2 për pagesin e të ardhurave, kopjo 3 për Autoritetin Tatimor Shqiptar dhe kopjo 4 për Autoritetin e Huaj Tatimor. Rubrikat I, IV, V dhe VI plotsohen nga përfituesi (kërkuesi); rubrikat II dhe III nga pagesi dhe rubrika VII nga Autoriteti i Huaj Tatimor.
3. Aplikimi i plotsuar paraqitet në Drejtorinë e Përgjithshme të Tatimeve në Republikën e Shqipërisë në Adresën: Rr.Mustafa Lleshi nr.7, Tiranë, Shqipëri, jo më vonë se dy vjet nga data e kryerjes së pagesës.

INSTRUCTIONS FOR FILLING IN THIS FORM

1. This form is submitted to resident persons of countries with which the Republic of Albania has concluded Agreements for the avoidance of double taxation and which persons are subject to the provisions of such Agreements concerning the withholding taxes on dividends, interest, royalties and technical services.
2. The form consists in four copies; copy 1 is for the beneficiary, copy 2 for the payer of income (remuneration), copy 3 for the Albanian Tax Authority and copy 4 for the Foreign Tax Authority. Items I, IV, V and VI are to be filled by the beneficiary (claimant); items II and III are to be filled by the payer and item VII is to be filled by the foreign tax authority.
3. The completed form is submitted to the General Taxation Department in the Republic of Albania at the address: Rr."Mustafa Lleshi" nr.7, Tirana, Albania, within the period of two years from the date of the payment.



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DREJTORIA E PERGJITHSHME

MINISTRY OF FINANCE
GENERAL TAXATION

E TATIMEVE

DEPARTMENT

Rr. "Mustafa Lleshi", Nr. 7, Tirana Tel : (355 4) 374156 Fax: (355 4) 374159

Nr. ____ Prot.

Tiranë, __/__/

Kopjo 3 për autoritetin tatimor të –
Republikës së Shqipërisë

Copy 3 for the tax authority of the
Republic of Albania

KERKESE PER ZBATIMIN E MARREVESHJES PER HEQJEN E TAKSIMIT TE DYFISHTE MIDIS SHQIPERISE DHE

CLAIM FOR THE APPLICATION OF THE AGREEMENT FOR THE AVOIDANCE OF DOUBLE TAXATION BETWEEN ALBANIA AND _____

I. Të dhëna për përfituesin e të ardhurave – Information on the recipient of income:

Emri i plotë/Emri tregtar

Full name/Business name

Forma juridike

Legal form .

Profesioni/aktiviteti

Profession/activity

Kodi fiskal ose NIPT

Fiscal code or Adresa e plotë

Full address

Përfaqsimi në Shqipëri (nëse ka)

Representation in Albania (if any)

II. Të dhëna për paguesin e të ardhurave – Information on the payer of income:

Emri i plotë/Emri tregtar	
<i>Full name/Business name</i>	UNION BANK SHA
Forma juridike	
<i>Legal form</i>	JOINT STOCK COMPANY
Profesioni/aktiviteti	
<i>Profession/activity</i>	BANKING ACTIVITY
Kodi fiskal ose NIPT	
<i>Fiscal code or TIN</i>	K51807801R
Adresa e plotë	
<i>Full Address</i>	Bulevardi Zogu I, Sheshi Ferenc Nopçka, Nd.5, H.3, Njesia Bashkiake Nr.9, Kodi Postar 1016, Tirane, Shqiperi

III. Të dhëna mbi të ardhurat – Information on income:

Lloji i të ardhurës
Type of income

Shuma e të ardhurës
Total amount of income

Data e pagesës
Date of payment

.....
Tarifa e tatimit dhe shuma e tatimit të paguar
Tax rate and amount of tax paid.....0%.....

IV. Të dhëna për dokumentat që bashkangjiten – Information on attached documents:

(lloji i dokumentave, numri dhe data e lëshimit – *type of documents, number and issuing date*)

V. Të dhëna të tjera – Other information:

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VI. Deklarimi i kërkuesit (përfituesit) – Declaration of the claimant (beneficiary):

Unë deklaroj se jam pronari përfitues i të ardhurave të sipër-përmendura dhe se çdo e dhënë në këtë kërkesë është e vërtetë – *I hereby declare that I am the beneficial owner of the above-mentioned income and any information given in this claim is true.*

Vendi dhe data

Place and date

Firma dhe vula e përfituesit –

Signature and Stamp of the beneficiary

VII. Vërtëtimi nga Autoriteti Tatimor i Vendit të Rezidencës së përfituesit – Certification by the Tax Authority of the beneficiary's residence country.

Unë vërtëtoj se përfituesi ka qenë/është rezident i gjatë vitit të specifikuar më sipër në kuptimin e Nenit 3 të Marrëveshjes për heqjen e taksimit të dyfishtë midis Shqipërisë dhe

I certify that the beneficiary is/was during the year specified above a resident of within the meaning of Article 3 of the Agreement for the avoidance of double taxation between Albania and

.....

**Vendi dhe data
kompetent**

**Vula e Autoritetit Tatimor
Stamp of Tax Authority**

Emri dhe nënshkrimi i punonjësit

Place and date

*Name and Signature of competent
official*

.....

.....

.....

UDHEZIME PER PLOTESIMIN E KETIJ FORMULARI

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2. Formulari konsiston në katër kopjo, kopjo 1 për përfituesin, kopjo 2 për paguesin e të ardhurave, kopjo 3 për Autoritetin Tatimor Shqiptar dhe kopjo 4 për Autoritetin e Huaj Tatimor. Rubrikat I, IV, V dhe VI plotsohen nga përfituesi (kërkuesi); rubrikat II dhe III nga paguesi dhe rubrika VII nga Autoriteti i Huaj Tatimor.
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REPUBLIC OF ALBANIA

MINISTRIA E FINANCAVE
DREJTORIA E PERGJITHSHME

MINISTRY OF FINANCE
GENERAL TAXATION

E TATIMEVE

DEPARTMENT

Rr. "Mustafa Lleshi", Nr. 7, Tirana Tel : (355 4) 374156 Fax: (355 4) 374159

Nr. ____ Prot.

Tiranë, ___/___/___

Kopjo 4 për autoritetin tatimor të huaj –

Copy 4 for the foreign tax authority

KERKESE PER ZBATIMIN E MARREVESHJES PER HEQJEN E TAKSIMIT TE DYFISHTE MIDIS SHQIPERISE DHE

CLAIM FOR THE APPLICATION OF THE AGREEMENT FOR THE AVOIDANCE OF DOUBLE TAXATION BETWEEN ALBANIA AND

I. Të dhëna për përfituesin e të ardhurave – Information on the recipient of income:

Emri i plotë/Emri tregtar

Full name/Business name

Forma juridike

Legal form .

Profesioni/aktiviteti

Profession/activity

Kodi fiskal ose NIPT

Fiscal code or Adresa e plotë

Full address

Përfaqsimi në Shqipëri (nëse ka)

Representation in Albania (if any)

II. Të dhëna për paguesin e të ardhurave – Information on the payer of income:

Emri i plotë/Emri tregtar	
<i>Full name/Business name</i>	UNION BANK SHA
Forma juridike	
<i>Legal form</i>	JOINT STOCK COMPANY
Profesioni/aktiviteti	
<i>Profession/activity</i>	BANKING ACTIVITY
Kodi fiskal ose NIPT	
<i>Fiscal code or TIN</i>	K51807801R
Adresa e plotë	
<i>Full Address</i>	Bulevardi Zogu I, Sheshi Ferenc Nopçka, Nd.5, H.3, Njesia Bashkiake Nr.9, Kodi Postar 1016, Tirane, Shqiperi

III. Të dhëna mbi të ardhurat – Information on income:

Lloji i të ardhurës
Type of income

Shuma e të ardhurës
Total amount of income

Data e pagesës
Date of payment

.....

Tarifa e tatimit dhe shuma e tatimit të paguar

Tax rate and amount of tax paid.....0%.....

IV. Të dhëna për dokumentat që bashkangjiten – Information on attached documents:

(lloji i dokumentave, numri dhe data e lëshimit – type of documents, number and issuing date)

V. Të dhëna të tjera – Other information:

.....
.....

VI. Deklarimi i kërkuesit (përfituesit) – Declaration of the claimant (beneficiary):

Unë deklaroj se jam pronari përfitues i të ardhurave të sipër-përmendura dhe se çdo e dhënë në këtë kërkesë është e vërtetë – *I hereby declare that I am the beneficial owner of the above-mentioned income and any information given in this claim is true.*

Vendi dhe data

Place and date

Firma dhe vula e përfituesit –

Signature and Stamp of the beneficiary

VII. Vërtëtimi nga Autoriteti Tatimor i Vendit të Rezidencës së përfituesit – Certification by the Tax Authority of the beneficiary’s residence country.

Unë vërtëtoj se përfituesi ka qenë/është rezident i gjatë vitit të specifikuar më sipër në kuptimin e Nenit 3 të Marrëveshjes për heqjen e taksimit të dyfishtë midis Shqipërisë dhe

I certify that the beneficiary is/was during the year specified above a resident of within the meaning of Article 3 of the Agreement for the avoidance of double taxation between Albania and

**Vendi dhe data
kompetent**

Place and date

.....

**Vula e Autoritetit Tatimor
Stamp of Tax Authority**

.....

Emri dhe nënshkrimi i punonjësit

*Name and Signature of competent
official*

.....

UDHEZIME PER PLOTESIMIN E KETIJ FORMULARI

1. Ky formular i jepet personave rezidentë të vendeve me të cilat Republika e Shqipërisë ka përfunduar Marrëveshje për Heqjen e Taksimit të dyfishtë, ndaj të cilëve aplikohen dispozitat e këtyre marrëveshjeve lidhur me tatimet e mbajtura në burim ndaj dividendëve, interesave, honorareve dhe shërbimeve teknike..
2. Formulari konsiston në katër kopjo, kopjo 1 për përfituesin, kopjo 2 për paguesin e të ardhurave, kopjo 3 për Autoritetin Tatimor Shqiptar dhe kopjo 4 për Autoritetin e Huaj Tatimor. Rubrikat I, IV, V dhe VI plotsohen nga përfituesi (kërkuesi); rubrikat II dhe III nga paguesi dhe rubrika VII nga Autoriteti i Huaj Tatimor.
3. Aplikimi i plotsuar paraqitet në Drejtorinë e Përgjithshme të Tatimeve në Republikën e Shqipërisë në Adresën: Rr.Mustafa Lleshi nr.7, Tiranë, Shqipëri, jo më vonë se dy vjet nga data e kryerjes së pagesës.

INSTRUCTIONS FOR FILLING IN THIS FORM

1. This form is submitted to resident persons of countries with which the Republic of Albania has concluded Agreements for the avoidance of double taxation and which persons are subject to the provisions of such Agreements concerning the withholding taxes on dividends, interest, royalties and technical services.
2. The form consists in four copies; copy 1 is for the beneficiary, copy 2 for the payer of income (remuneration), copy 3 for the Albanian Tax Authority and copy 4 for the Foreign Tax Authority. Items I, IV, V and VI are to be filled by the beneficiary (claimant); items II and III are to be filled by the payer and item VII is to be filled by the foreign tax authority.
3. The completed form is submitted to the General Taxation Department in the Republic of Albania at the address: Rr."Mustafa Lleshi" nr.7, Tirana, Albania, within the period of two years from the date of the payment.