

Entity Tax Residency Self-Certification Form - CRS

IDENTIFICATION OF INDIVIDUAL ACCOUNT HOLDER

Customer Name	Base No.
Country of Incorporation	

ENTITY TYPE

(PLEASE PROVIDE THE ACCOUNT HOLDER'S STATUS BY TICKING ONE OF THE FOLLOWING BOXES)

1. (a) Financial Institution - Investment Entity
- i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
(Note: if ticking this box please also complete **Part 2(2)** below)
- ii. Other Investment Entity
- (b) Financial Institution - Depository Institution, Custodial Institution or Specified Insurance Company
- If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.
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|--|--|--|--|
- (c) Active NFE - a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation
- If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded: _____
- If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of: _____
- (d) Active NFE - a Government Entity or Central Bank
- (e) Active NFE - an International Organisation
- (f) Active NFE - other than (c)-(e) (for example a start-up NFE or a non-profit NFE)
- (g) Passive NFE (Note: if ticking this box please also complete Part 2(2) below)

2. If you have ticked 1(a)(i) or 1(g) above, then please:

a. Indicate the name of any Controlling Person(s) of the Account Holder:*

b. Complete "Controlling Person tax residency self-certification form" for each Controlling Person.*

COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR EQUIVALENT NUMBER* ("TIN")

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a TIN is unavailable please provide the appropriate reason **A, B** or **C** where indicated below:

- **Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
- **Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C** - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

DECLARATIONS AND SIGNATURE *

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Samba Financial Group setting out how Samba Financial Group may use and share the information supplied by me. I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. Company also confirms that current residence address, mailing address are captured in account opening documents and remain unchanged.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Samba Financial Group within 30 days of any change in circumstances which affects my/our tax residency status or causes the information contained herein to become incorrect or incomplete, and to provide Samba Financial Group with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Customer Name							CAPACITY OF SIGNATURE	
							Account Holder	
Signature							Power of Attorney	
							Authorized Signatory	
Date	D	D	M	M	Y	Y	Other (Please specify below)	

TO BE COMPLETED BY THE BANK RM OR CSR

RM or CSR Name					Signature		
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Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.