Controlling Persons Self-Certification Form (To be completed for each Controlling Person of Passive NFEs and PMIEs in a Non-Participating CRS Jurisdiction)

Name of controlled orga	anisation:			
Type of Controlling Pers	son:			·····
Part 1 - Individua	I Information			
Name of individual (Title / First / Middle / Last)			
Place of birth				Date of Birth (DD / MM / YYYY)
Town/City/Province/Sta	ite:			_
Country:				- / /
Permanent residence	address			
Property Name/Numbe	r:	Street: _		· · · · · · · · · · · · · · · · · · ·
Town/City:	Province/State		_Post Code:	Country:
Mailing address (if di	ferent to permanent address)			
Property Name/Number	r:	Street:		
Town/City:	Province/State		_Post Code:	Country:
Part 2 - Tax Resid	dency			
Please specify all juriso	lictions in which you are resident for	tax purposes	:	
Primary Jurisdiction:		TIN:		enter "Unavailable" if unavailable*
Additional Jurisdiction:		TIN:		enter "Unavailable" if unavailable*
Additional Jurisdiction:		TIN:		enter "Unavailable" if unavailable*
* Please specify the re	ason for non-availability of TIN:			
Is the individual a US Pe	rson ¹ ?	Yes	No	
Part 3 - Certificat	ion			
authorities of the count countries in which I am I declare that all staten	ry in which this account(s) is/are ma	aintained and have entered the best of n	exchanged with into Agreements ny knowledge an	•
Tick box for autho	rised signature (a handwritten signa	iture is NOT re	equired)	ed / / Date (DD / MM / YYYY)
	Print name of signatory		Capacity (if not	signed by Individual)
	Steps to submit form:			
	1. Press the "Validity Check" buttor	n and make ar	ny required corre	ctions
	2. Save the self-certification to your			older/

A US Person includes persons born in the US, US citizens (wherever residing), or US resident individuals, click here for more information

Controlling Person – Supporting notes

Name of controlled organisation: Confirm the name of the organisation of whom you are providing details of its controlling person(s).

Type of Controlling Person: Confirm the type of Controlling Person, ex. a natural person that owns 25% of the controlled organisation, a senior managing official, a settlor, a beneficiary, or a trustee.

Part 1 – Individual Information

Name of individual: Enter the full name of the individual, including title and middle name(s) if applicable.

Broadly, the term "Controlling Persons" means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Recommendations of the Financial Action Task Force Recommendations.

These recommendations are implemented under local money laundering regulations so the specific criteria will vary. Broadly the standard is expected to include natural persons that own directly or indirectly 25% of the organisation and any other persons exercising effective control. If no natural persons are identified as exercising control of the entity, the Controlling Person(s) will be the natural person(s) who holds the position of senior managing official.

Place of birth: Enter the place in which you were born, including the Country and Town, City, Province or State. Abbreviations may be used, for example individuals born in the United Kingdom may enter "UK".

Date of birth: Enter date of birth in the following format DD/MM/YYYY.

Permanent residence address: Enter the full permanent residential address including property name/number, street, town/city/province/state, post code and country.

Mailing address: Please enter the mailing address (if different from the residence address).

Part 2 - Tax Residency

Legislation requires Financial Institutions to collect certain information about each client's tax residence(s), and determine whether they are obliged to submit certain account information to relevant Competent Authorities.

Please indicate ALL jurisdictions in which you are resident for the purposes of income tax. If you have more than one jurisdiction of residency please list each one.

Tax Identification Number (TIN): Enter the tax reference number that your country of residence for tax purposes has issued you. This would include, for example, an Individual Tax Identification Number (US), a National Insurance Number (UK, Guernsey, Jersey and IoM) a social security number or a resident registration number.

TIN unavailable: If TIN unavailable please provide a description for the reason in the space provided.

US Person: The term "US Person" for FATCA purposes includes:

- A citizen or resident of the United States,
- A partnership created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- A corporation created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- Any estate or trust other than a foreign estate or foreign trust (see Internal Revenue Code section 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

US Citizen: The term "US Citizen" means:

- An individual born in the United States,
- An individual whose parent is a United States citizen,
- A former alien who has been naturalized as a United States citizen, or
- An individual born in Puerto Rico, Guam or United States Virgin Islands.

US Resident:

A resident individual could include, but is not limited to, Green Card holders and individuals that meet relevant substantial presence tests.

Part 3 - Certification

Please sign and date the certification.

Please indicate the capacity in which you are signing the form (for example 'Authorised Officer'). If signing under a power of attorney please also attach a certified copy of the power of attorney.