

CRS Controlling Person Self-Certification Form

Please note that the Bank's staff is unable to assist the customer in the completion of this form. For more information, you may visit the OECD's website or speak to a professional tax advisor/consultant.

Section I: Identification of a Controlling Person

"Controlling Person" means a natural person who exercises control over an entity/trust/non-trust.

Name of Controlling Person	
Date of Birth (DD/MM/YYYY)	
Place of Birth (City and Country)	
Current Residence Address:	
Mailing Address:	

Section II: Tax Residency

If the Controlling Person is a 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:

Reason A - The country, where the Controlling Person is liable to pay tax, does not issue TINs to its tax residents.

Reason B - The Controlling Person 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 - 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 or Equivalent Tax Number	If TIN is not available, please 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			

Section III: Details of Controlling Person

(Please only complete this section if you are a tax resident in one or more reportable jurisdictions)

Please enter the name of the other entities where you are a Controlling Person

Legal name of Entity 1		Legal name of Entity 4	
Legal name of Entity 2		Legal name of Entity 5	
Legal name of Entity 3		Legal name of Entity 6	



Please Tick The Appropriate Controlling Person's Status		Entity 1	Entity 2	Entity 3	Entity 4	Entity 5	Entity 6
Controlling Person of a Legal Entity							
a	Control by Ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Control by Other Means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Senior Managing Official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling Person of a Trust							
d	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling Person of a legal arrangement (non-trust)							
i	Settlor - Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Trustee - Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Protector - Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Beneficiary - Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Other - Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV: Declaration

In capacity of a Controlling Person, I confirm and certify that:

- I am the Controlling Person, or I am authorized to sign for the Controlling Person, of all the account(s) held by the Entity Account Holder to which this form relates;
- The information supplied is covered by the full provisions of the terms and conditions governing the account holder's relationship with the Bank or any of its affiliates, setting out how the Bank or any of its affiliates may use and share the information provided in this form;
- The information provided in this form is true, correct and complete in all respects;
- The information has been provided willingly, without advice or help from the Bank;
- I undertake to advise the Bank within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Section I of this form or causes the information contained herein to become incorrect or incomplete, and to provide the Bank with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.;
- The information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported 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 [I/the Controlling Person] may be tax resident pursuant to intergovernmental agreements to exchange financial account information; and
- The Bank can process, report and transfer information contained within this form, and our financial affairs, as mandated by the concerned authorities.

Name:		Signature:	
Capacity:		Date: (DD/MM/YYYY)	

For Internal Use Only

Client data updated on the system	YES	NO	
RM Name	Signature		
Reviewed By	Signature		

