

CRS Controlling Person Self-Certification Form

Part 1	Identification of a Controlling Person
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A. Name of Controlling Person	B. Date of Birth
Title:	DD/MM/YYYY:
Surname(s):	C. Place of Birth
First or Given Name:	Town or City of Birth:
	Country of Birth:
D. Current Residence Address	E. Mailing Address (complete only if different from Section D)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City/Town:	City/Town:
Postal Code/ZIP Code:	Postal Code/ZIP Code:
Country:	Country:

F. Please enter the legal name of the relevant entity Account Holder(s) of which you are a Controlling Person
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Legal Name of Entity 1	
Legal Name of Entity 2	
Legal Name of Entity 3	
Legal Name of Entity 4	

Part 2	Tax Residence Information
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Please complete the following table indicating

- (i) the country where the Controlling Person is resident for tax purposes
- (ii) the controlling Person's Taxpayer Identification Number (TIN) or functional equivalent (hereafter referred to as 'TIN') for each country indicated.
- (iii) if the Controlling Person is a tax resident in a country that is a Reportable Jurisdiction(s) then please also complete **Part 3 "Type of Controlling Person"**.

If the Controlling Person is tax resident in more than three countries 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 Account Holder is liable to pay tax does not issue TINs to its residents
- **Reason B:** The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is 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 authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C
1			
2			
3			

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below	
1	
2	
3	

Part 3 Type of Controlling Person

<i>Please provide the Controlling Person's Status by ticking the appropriate box.</i>	Entity 1	Entity 2	Entity 3
a. Controlling Person of a legal person – control by ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling Person of a legal person – control by other means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Controlling Person of a legal person – senior management official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Controlling Person of a trust – settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Controlling Person of a trust – trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Controlling Person of a trust – protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Controlling Person of a trust – beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Controlling Person of a trust – other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 Declaration and Signature

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which (I/the Controlling Person) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I hereby declare that all information provided and statements made in this Form are to the best of my knowledge and belief, correct and complete and accept full responsibility for any misstatement or inaccurate information provided.

I hereby agree to inform the SBM Securities Ltd of any changes regarding tax residence status and undertake to advise SBM Securities Ltd within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide SBM Securities Ltd with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

I certify that I am the Controlling Person or am authorised to sign for the Controlling Person, of all the account(s) held by the entity Account Holder to which this form relates

Signature:

Date:

Note: If you are filling the form on behalf of the Controlling Persons, please mention below your name and the capacity in which you are signing the Form and you should provide information relating to the controlling persons' citizenship and residence for tax purposes rather than your own

Name:

Capacity:

Part 5 OFFICE USE

Processed by:	<input type="text"/>	Staff ID:	<input type="text"/>	Signature:	<input type="text"/>
Verified by OPC:	<input type="text"/>	Staff ID:	<input type="text"/>	Signature:	<input type="text"/>

Department/Service Unit Seal:

