

CRS Self-Certification Form (Entity)

CIF (for bank use) 011992 _____

Important Notes:

- This is a self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Financial Service Bureau and/or other relevant public authorities in the Macau Special Administrative Region, and transfer to the tax authority of another jurisdiction.
- An account holder should report all changes in its tax residency status to the reporting financial institution.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (*) are required to be reported by the reporting financial institution to the Financial Service Bureau and/or other relevant public authorities in the Macau Special Administrative Region.

Part 1 Identification of Entity Account Holder

(For joint or multiple account holders, complete a separate form for each entity account holder.)

(1) Legal Name of Entity or Branch *

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(2) Jurisdiction of Incorporation or Organisation**(3) Business Registration Number**

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(4) Current Business Address

Line 1 (e.g. Suite, Floor, Building, Street, District)

Line 2 (City)*

Line 3 (e.g. Province, State)

Country *

Post Code/ZIP Code

(5) Mailing Address (Complete if different to the current business address)

Line 1 (e.g. Suite, Floor, Building, Street, District)

Line 2 (City)

Line 3 (e.g. Province, State)

Country

Post Code/ZIP Code

Part 2 Entity Type

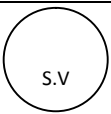
Tick one of the appropriate boxes and provide the relevant information.

<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Custodial Institution, Depository Institution or Specified Insurance Company <input type="checkbox"/> Investment Entity, except an investment entity that is managed by another financial institution (e.g with discretion to manage the entity's assets) and located outside the Macau Special Administrative Region
<input type="checkbox"/> Active NFE	<input type="checkbox"/> NFE the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities <input type="checkbox"/> Active NFE other than the above (Please specify _____)
<input type="checkbox"/> Passive NFE	<input type="checkbox"/> Investment entity that is managed by another financial institution (e.g with discretion to manage the entity's assets) and located outside the Macau Special Administrative Region <input type="checkbox"/> NFE that is not an active NFE

Part 3 Controlling Persons (Complete this part if the entity account holder is a passive NFE)	
Indicate the name of all controlling person(s) of the account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official. Complete Self-Certification Form (Controlling Person) for each controlling person.	
(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

Part 4 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") *			
Complete the following table indicating (a) the jurisdiction of residence (including Macau) where the account holder is a resident for tax purposes and (b) the account holder's TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence. If the account holder is not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which its place of effective management is situated. If a TIN is unavailable, provide the appropriate reason A, B or C: Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents. Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason. Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.			
Jurisdiction of Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why the account holder is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

Part 5 Declarations and Signature
<p>I acknowledge and agree that (a) the information contained in this form, which has been provided and explained to me by the Bank prior to the signing of this form, is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the financial institution to the Financial Services Bureau of (and/or regulators in) Macau Special Administrative Region and exchanged, by way of transfer to outside the Macau Special Administrative Region, with the tax authorities of another country/countries and jurisdiction(s) in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information of the Macau Special Administrative Region.</p> <p>I certify that I am authorized to sign for the account holder of all the account(s) to which this form relates.</p> <p>I undertake to advise the Bank of any change in circumstances which affects the tax residency status of the entity identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Bank with a suitably updated self-certification form within 30 days of such change in circumstances.</p>

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.	
Signature <div style="text-align: center;">  </div> X _____ Name Date (dd/mm/yyyy)	Capacity _____ (e.g. director or authorized signer of a company, partner of a partnership, trustee of a trust etc.)

Part 6 For Bank Use Only		
附件/備註欄(如有, 請註明): _____ 根據 AML/KYC 程序所收集的文件, 確認自證證明資料合理性的原因 (如有, 請註明): _____	客戶經理/分行經辦確認 (部門/姓名/簡簽): 已確認自證證明資料合理性	錄入經辦(簡簽): 覆核確認(簡簽):