

To: BDO UNIBANK, INC.
20 Cecil Street, #02-06 PLUS, Singapore 049705

Ref. No.:

Important Notes:

- This is a self-certification form provided by a controlling person 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 tax authorities of the country in which accounts are maintained for transfer to the tax authority of another jurisdiction.
- A controlling person should report all changes in his/her 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 reporting financial institution to the tax authorities of the country in which accounts are maintained for transfer to the tax authority of another jurisdiction.

Part 1 Identification of Controlling Person

Name of Controlling Person (Last Name, First Name, Middle Name)

NRIC or Passport Number

Current Residence Address

Mailing Address

Country

Postal Code

Date of Birth

Country

Place of Birth

Postal Code

Part 2 The Entity Account Holder(s) of which you are a controlling person

Enter the name of the entity account holder of which you are a controlling person.

Entity	Name of the Entity Account Holder
1.	
2.	
3.	

Part 3 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")*

Complete the following table indicating (a) the jurisdiction of residence (including Singapore) where the controlling person is a resident for tax purposes and (b) the controlling person's TIN for each jurisdiction indicated. Indicate all (not restricted to five) the jurisdictions of residence.

If a TIN is unavailable, provide the appropriate reason A, B or C:

Reason A - The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.

Reason B - The controlling person 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 4 Type of Controlling Person

Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2.

Type of Entity	Type of Controlling Person	Entity (1)	Entity (2)	Entity (3)
Legal Person	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/ trustee/ protector/ beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5 Declarations and Signature

I acknowledge and agree that (i) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (ii) such information and information regarding the controlling person and any reportable account(s) may be reported by the financial institution to the tax authorities of the country in which this/these account(s) is/are maintained and exchanged with tax authorities of another jurisdiction or jurisdictions in which the controlling person may be resident for tax purposes pursuant to the legal provisions for exchange of financial account information.

I certify that I am the controlling person / I am authorized to sign for the controlling person # of all the account(s) held by the entity account holder(s) to which this form relates.

I undertake to advise _____ 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 _____ with a suitably updated self-certification form within 30 days of such change in circumstances.
(state the name of the financial institution)
(state the name of the financial institution)

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

Name

Capacity*

Date (dd/mm/yyyy)

(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.)