

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

Ref. No.:

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 tax authorities of the country in which accounts are maintained for 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 tax authorities of the country in which accounts are maintained for transfer to the tax authority of another jurisdiction.

Part 1 Identification of Individual Account Holder (For joint or multiple account holders, complete a separate form for each individual account holder.)

Legal Name of Entity or Branch*

Jurisdiction of Incorporation or Organisation

Business Registration No.

Current Business Address

Mailing Address

Country

Postal Code

Country

Postal Code

Part 2 Entity Type

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

- | | |
|-----------------------|--|
| 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 in a non-participating jurisdiction |
| 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) |
| Passive NFE | <input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction
<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 Singapore) 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 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 3 Declarations and Signature

I acknowledge and agree that (a) 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 (b) such information and information regarding the account holder 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 the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information.

I certify that I am the account holder / I am authorized to sign for the account holder # of all the account(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)

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.)