

**FATCA/CRS Controlling Person Self-Certification Form**

Part 1 - Identification of Individual Controlling Person	
Name:	
Date of Birth (DDMMYYYY):	
Country of Birth:	
New IC Number:	
Current Residence Address:	Mailing Address: (Complete if different to the current residence address)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
Address Line 3: (Postal Code/ZIP Code)	Address Line 3: (Postal Code/ZIP Code)
Address Line 4: (Country)	Address Line 4: (Country)

Part 2 - Jurisdiction of Residence and Taxpayer Identification Number (TIN)		
Complete the following table indication : (a) the jurisdiction of residence where the controlling person is a <b>resident for tax purposes</b> (except for Brunei) and (b) the controlling person's TIN for each jurisdiction indicated. Indicate <b>All</b> jurisdictions of residence.		
If a TIN is unavailable, indicate which of the following reasons is applicable:		
<b>Reason A</b> - The jurisdiction where the controlling person is a resident for tax purpose does not issue TINs to its residents		
<b>Reason B</b> - The controlling person is unable to obtain a TIN.		
<b>Reason C</b> - TIN is not required. (Note: Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.)		
Country of Tax Residence	TIN	If no TIN available, indicate 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 <b>Reason B</b> above.		
1		
2		
3		
<b>Note:</b> <ul style="list-style-type: none"> <li>If the controlling person is a resident for tax purpose in more than three countries, please use separate sheet.</li> <li>If the controlling person is a U.S. person under U.S. FATCA regulations, please fill in and provide U.S. IRS Form W9 in addition to this form.</li> </ul>		

Part 3 - Types of Controlling Person		
Please provide the Controlling Person's status by ticking the appropriate box below:		
Type of Entity	Type of Controlling Person	
Legal Person	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital)	<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"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>
	Protector	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>

Type of Entity	Type of Controlling Person	
Legal Arrangement (non-trust)	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary)	<input type="checkbox"/>

Declaration and Signature	
<p>I represent and declare that the information provided above is true, accurate and complete.</p> <p>I understand that the term “U.S. person” means any citizen or resident of the United States.</p> <p>I hereby consent to Malayan Banking Berhad or any of its affiliates, including branches (collectively “the Bank”) disclosing the financial accounts information to regulatory authorities in accordance with the requirements of the Foreign Account Tax Compliance Act and Common Reporting Standard as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.</p> <p>I hereby agree that the Bank may classify me as reportable account and/or suspend, recall or terminate my account(s) and/or facilities granted to me, in the event I fail to provide accurate and complete information and/or documentation as the Bank may require.</p> <p>I hereby agree that the Bank may withhold from my account(s) such amounts in accordance with the provisions of Foreign Account Tax Compliance Act or as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.</p> <p>I undertake to notify the Bank in writing within 30 calendar days of any change in circumstances which causes the information contained herein to become incorrect.</p>	
Signature:	_____
Name:	_____
Date (dd/mm/yyyy):	_____
Capacity:	_____
<p><i>(If you are not the Controlling Person please indicate the capacity in which you are signing the form. If signing under a Power of Attorney please also attached a certified copy of the Power of Attorney)</i></p>	