

Entity FATCA & CRS Self Certification Form

(FATCA) requiring disclos	United S sure on t	States of America passed a law the existence of all accounts he pplicable. Please tick where a	eld by United State	es nationals and o	of any persons or entities to							
which the following mai	icia are a	pplicable. Please tick where ap	ppropriate pertain	ing to your 0.3. s	tatus.							
i. Global Intermediary	Identific -	ation Number (GIIN) - Required	l for Financial Insti -	tutions Only								
ii. Kindly indicate your Chapter 4 Status (FATCA status) below.												
US person					Excepted NFFE							
Specified US person		Deemed-compliant FFI	☐ Nonparticipati		Passive NFFE							
Foreign individual		Restricted distributor	Territory financial institution									
LIC Chatture Free livestices Criticaria												
US Status Evaluation Co				Response	If "Yes", submit							
iii. Is the business a US				∐ Yes ∐ No	Form W-8BENE from the							
The entity is org	ganised i	n a US territory.			entity + Form W-9 for							
					each controlling person							
					who is US citizen/ US							
					resident							
iv. Is the business a no	n-US en	tity? Does it satisfy all the state	ments below?	Yes No	No additional documents							
Incorporated or	utside US	5A			required							
 Has no US statu 	us indicat	ors			·							
All controlling p	persons o	of the entity are non-US persons (not US citizens or									
tax residents)												
v. Is the business an "	'Active" I	Non-Financial Foreign Entity (N	FFE)?	☐ Yes ☐ No	No additional documents							
	_	Ily refers to an entity that operates			required							
		inancial business. It's income is ger										
		, such as sales revenue, fees for s										
· ·	of a trade	or business. It typically involves ma	terial participation									
or effort.		"										
		"Passive" Non-Financial Foreig		Yes No	Form W-8BENE from the							
		re person owning 10% of the share card holder or tax resident. A Passiv			entity + Form W-9 for							
-	-	ot an Active NFFE. Typically, it earns			each controlling person							
(at least 50%) from pa				who is US citizen/ US								
interest equivalent to				resident								
from the active cond	uct of a	annuities, sale of										
		xcess foreign currency gains, certair										
amounts from cash va	alue insur	any earnings from										
reserves.												
2 CDC T D '-	• •	W 5										
2. CRS – Tax Residency	/ – Contr	olling Persons										
Tababba d O Tabaaa Caasa			1 St 1 2025									
-		Regulations that took effect on		=								
following information fr	om their	customers. This is known as th	ie Common Repor	ting Standard ('tr	ne CRS').							
Indicate the name of any	v Control	ling Person(s) for the Entity (na	tural persons who	exercise control	over the Entity who has 10%							
		as per control types description										
complete an additional for		as per control types description	Join Which Cirilo		Jillig i croons chist, picase							
	Full Nam	% Holding	Controlling Person Type									
1111/ 3311	ruii ivaii	ie		70 Holding	Controlling Person Type							

Туре	s of Controlling Persons. Controlling p	erson of a:				
A. legal person – control by ownership			trus	st – other		
B. legal person – control by other means			lega	al arrangement (non-t	rust) – settlor-equiva	lent
C.	C. legal person – senior managing official			al arrangement (non-t	rust) – trustee-equiv	alent
D. trust – settlor			lega	al arrangement (non-t	rust) – protector-equ	iivalent
E. trust – trustee			legal arrangement (non-trust) – beneficiary-equivalent			
F. trust – protector			lega	al arrangement (non-t	rust) – other-equival	ent
G.	trust – beneficiary					
3.	CRS Tax Residency – Entity					
			مالمط	itad Ctataa af Amaani	2 U V UN-	
	e entity a tax resident of any other cou					il itti it bi l
-	s, please complete the following table	=			· · · · · · · · · · · · · · · · · · ·	
	for each country indicated. (If the En					
	ate tax residency status on line 1 and	provide the Entity's	s place	e of effective manag	gement or country	in which its principa
	e is located.)					
If a T	TN is unavailable, please provide the R			=		
	Reason A - The country/jurisdiction w					
	Reason B - The Account Holder is oth		n a TII	N or equivalent number	er (Please explain wh	ny the entity is unable to
	obtain a TIN in the below table if this	•		/iuriadiation that ica	und the TIN does no	at require the TIN to b
	 Reason C - No TIN is required becaudisclosed. 	se the tax residence (countr	y/jurisulction that issi	ued the TIN does no	or require the rily to b
		,				
Cou	untry/ Jurisdiction of Tax Residence	TIN		If no TIN available,	select Reason A, I	3 or C
1.				Reason A	Reason B	Reason C
2.				Reason A	Reason B	Reason C
	Declaration and Certification I/We certify that the information proving the acknowledge and agree that the and any Reportable Account(s), may be maintained. Such information may also Holder is a tax resident, in accordance exchange of financial account information at I/We hereby consent to, authorize, and by law. I/We expressly waive any rightlaws to the extent necessary to facilitate I/We undertake to promptly notify A any updates to the information providually was agree to indemnify and hold ANS provision of incorrect, incomplete, or all I/We confirm that this Declaration has	e information contained disclosed to the taxon be exchanged with ewith applicable law tion. If instruct ANSA Banats or protections unite such disclosures and Bank Limited, we din this form. If Bank Limited harm in the such disclosures and the such disclosures are such disclosures and the such disclosures and the such disclosures are such disclosures are such disclosures and disclosures are such disclosures are such disclosures and disclosures are such disclosures are such disclosures are such disclosures are such disclosures and disclosures are such disclosures are such disclosures are such disclosures are such disclosures and disclosures are such disclosures ar	ned ir autho tax au vs, reg ok Lim nder a and ex vithin nless a on in	this form, along we prities of the country athorities of other could be sulations, and Intergrated to disclose and applicable data protechanges. 30 days of any changainst any claims, puthis form.	ith details regardingly/jurisdiction where ountries/jurisdiction where ountries/jurisdiction where outside exchange such infection, confidential anges to my/our taken alties, or damages	ng the Account Holde e the account(s) is/ar ons where the Account ements related to the ormation as required ality, or other relevant ox residency status or
 Cust	omer's Signature Title/ I			 Date Signed	 Entity SI	