

# ENTITY TAX RESIDENCY SELF-CERTIFICATION FORM

(please complete parts 1-3 in BLOCK CAPITALS)

## Part 1 – Identification of Account Holder

**A. Legal Name of Entity/Branch\***

**B. Country of incorporation or organization**

**C. Current Residence Address**

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)\*

Line 2 (e.g. Town/City/Province/County/State)\*

Country \*

Postal Code/ZIP Code (if any)\*

**D. Mailing Address** (please only complete if different to the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

Line 2 (e.g. Town/City/Province/County/State)

Country

Postal Code/ZIP Code

## Part 2 – Entity Type *Please provide the Account Holder's Status by ticking one of the following boxes.*

**1. (a) Financial Institution – Investment Entity**

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

(Note: if ticking this box please also complete **Part 2(2)** below)

ii. Other Investment Entity

**(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

If you have ticked **(a)** or **(b)** above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

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**(c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation**

If you have ticked **(c)**, please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in **(c)** is a Related Entity of: \_

**(d) Active NFE – a Government Entity or Central Bank**

**(e) Active NFE – an International Organisation**

**(f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)**

**(g) Passive NFE (Note: if ticking this box please also complete Part 2(2) below)**

**2. If you have ticked 1(a)(i) or 1(g) above, then please:**

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(d)

(e) a. Indicate the name of any Controlling Person(s) of the Account Holder:\*

b. Complete "Controlling Person tax residency self-certification form" for each Controlling Person.\*

Please see the definition of Controlling Person in Appendix

## Part 3 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent\* ("TIN") (see Appendix)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

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

**Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

**Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

**Reason C** - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			
<b>Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.</b>			
1			
2			
3			

## Part 4 – Declaration and Signature\*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with **Masraf Al Rayan** setting out how **Masraf Al Rayan** may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

**I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.**

I undertake to advise Masraf Al Rayan within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide Masraf Al Rayan with a suitably updated self-certification and Declaration within 60 days of such change in circumstances.

Signature:\*

Print name:\*

Date: \* (dd/mm/yyyy)

**Note:** Please indicate the capacity in which you are signing the form (for example 'Authorised Officer'). If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: \*