

CORPORATE FATCA SELF-CERTIFICATION

Entity Tax Residency & Classification Return

This form is specified for corporate entities to self-certify their status under the Foreign Account Tax Compliance Act (FATCA). Please complete all relevant sections.

PART I: ENTITY IDENTIFICATION

Legal Name of Entity	
Jurisdiction of Incorporation / Organisation	
Entity Registration Number	
Registered Address	
Mailing Address (if different)	

PART II: COUNTRY OF TAX RESIDENCY & TAXPAYER IDENTIFICATION NUMBER (TIN)

Please list all countries/jurisdictions in which the entity is resident for tax purposes and the associated TINs.

Country/Jurisdiction of Tax Residency	TIN / Functional Equivalent	If no TIN, state reason

PART III: FATCA CLASSIFICATION

Select only one classification that applies to the entity.

<input type="checkbox"/>	Financial Institution (FI) - Participating FFI / Reporting Model 1 FFI / Reporting Model 2 FFI. <table border="1"><tr><td>Global Intermediary Identification Number (GIN)</td><td></td></tr></table>	Global Intermediary Identification Number (GIN)	
Global Intermediary Identification Number (GIN)			
<input type="checkbox"/>	Non-Reporting Financial Institution - Exempt Beneficial Owner / Deemed-Compliant FFI / Non-Reporting IGAFI.		
<input type="checkbox"/>	Active Non-Financial Foreign Entity (Active NFFE) - Entity primarily operating an active trade or business (less than 50% passive income/assets).		
<input type="checkbox"/>	Passive Non-Financial Foreign Entity (Passive NFFE) - Entity whose income is primarily passive, or which is not otherwise classified as active or financial.		
<input type="checkbox"/>	Specified U.S. Person - Entity incorporated or organized under the laws of the United States.		

PART IV: DECLARATION AND SIGNATURE

We certify that the entity identified in Part I is the beneficial owner of all the income or assets to which this form relates. We declare under penalty of perjury that the information provided on this form is true, correct, and complete. We undertake to advise the recipient of any change in circumstances within 30 days of such occurrence.

Authorized Signature		Date (DD/MM/YYYY)	
Printed Name		Capacity / Title	

** Submission of this self-certification does not preclude the request for additional supporting documentation in compliance with local regulatory requirements.*