

# NON-US CORPORATE ACCOUNT TAX COMPLIANCE RETURN

Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standard (CRS) Self-Certification

Please complete all applicable sections of this return template in block capitals.

## SECTION I: ENTITY IDENTIFICATION & LEGAL PROFILE

Legal Name of Corporate Entity	
Jurisdiction of Incorporation / Organisation	
Entity Registration Number	
Global Intermediary Identification Number (GIIN)	
Registered Business Address	
Mailing Address (if different)	

## SECTION II: TAX RESIDENCY & TAX IDENTIFICATION NUMBER (TIN)

Specify the countries where the entity is a resident for tax purposes and the associated TIN.

#	Country of Tax Residency	Tax Identification Number (TIN)	If no TIN, state reason
1			
2			
3			

## SECTION III: FATCA CLASSIFICATION (US STATUS)

Reporting Foreign Financial Institution (FFI)

Non-Reporting Foreign Financial Institution (FFI)

Active Non-Financial Foreign Entity (Active NFFE)

Passive Non-Financial Foreign Entity (Passive NFFE)

Excepted NFFE / Other Status (Specify): \_\_\_\_\_

## SECTION IV: CRS CLASSIFICATION (COMMON REPORTING STANDARD)

Financial Institution (FI)

**Active Non-Financial Entity (Active NFE)** - Corporation regularly traded on an established securities market

**Active Non-Financial Entity (Active NFE)** - Government Entity, International Organisation, or Central Bank

**Active Non-Financial Entity (Active NFE)** - Other (e.g., start-up, holding company, non-profit)

**Passive Non-Financial Entity (Passive NFE)**

**SECTION V: CONTROLLING PERSONS / SUBSTANTIAL U.S. OWNERS**

Complete this section only if the entity is a Passive NFFE or Passive NFE. Provide details of any individual(s) holding directly or indirectly more than 25% ownership or control.

Full Name	Residential Address	Country of Tax Residency	TIN	Ownership %

**SECTION VI: CERTIFICATION, DECLARATION & SIGNATURE**

I/We declare and certify that the information provided in this document is, to the best of my/our knowledge and belief, true, correct, and complete. I/We undertake to advise the receiving financial institution/authority within 30 days of any change in circumstances that affects the tax residency status of the entity.

<b>Name of Authorized Signatory</b>	
<b>Capacity / Title of Signatory</b>	
<b>Signature</b>	
<b>Date (DD/MM/YYYY)</b>	