Self-Certification Form – Entity

Important Notes:

- **This is a self-certification form provided by an Account Holder to a reporting Financial Institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting Financial Institution to the relevant tax authority for transfer to the tax authority of another jurisdiction.**
- **An Account Holder should report all changes in its tax residency status to the reporting Financial Institution.**
- **All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information provided on these forms may be shared with the tax authority.**

Part 1: Identification of Entity Account Holder

(For joint or multiple Account Holders, complete a separate form for each Entity Account Holder.)

Legal Name of Entity	CLSA Securities Japan Co., Ltd.			
Jurisdiction of incorporation or organization	Japan			
Business registration/ identification number	0104-01-098017			
Date of incorporation	2nd Febuary 2012			
	Registered address		**Mailing address (if different from registered address)**	
Street	Higashi-Shimbashi 1-chome			
Building name				
Suite				
Floor	9-2			
District / state	Minato-ku			
City / town	Tokyo			
Postal code				
Country/ Jurisdiction	Japan			
Phone number	Country code	Number	Country code	Number

Part 2: Entity Type

Tick the appropriate box(es) and provide the relevant information.

Financial Institution	Reporting Financial Institution under CRS: ☐ Custodial Institution, Depository Institution or Specified Insurance Company ☑ Investment Entity, *except an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (e.g. with discretion to manage the Entity's assets)* GIIN: LTL649.00071.ME.392 All Financial Institutions need to provide GIIN. If not providing, please indicate reason: _____ ☐ Non-Reporting Financial Institution under CRS Specify the type of Non-Reporting Financial Institution below: ☐ Governmental Entity ☐ International Organization ☐ Central Bank ☐ Broad Participation Retirement Fund ☐ Narrow Participation Retirement Fund ☐ Pension Fund of a Governmental Entity, International Organization, or Central Bank ☐ Exempt Collective Investment Vehicle ☐ Trust whose trustee reports all required information with respect to all CRS Reportable Accounts ☐ Qualified Credit Card Issuer ☐ Other Entity defined under the domestic law as low risk of being used to evade tax Specify the type provided in the domestic law: _____
Active NFE	☐ NFE the stock of which is regularly traded on _____, which is an established securities market ☐ Related Entity of _____, the stock of which is regularly traded on _____, which is an established securities market ☐ NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing entities ☐ Active NFE other than the above. Please specify: _____
Passive NFE	☐ Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution ☐ NFE that is not an Active NFE

Part 3: Controlling Person(s) (Complete this part if the Entity account holder is a Passive NFE)

Indicate the name of all Controlling Person(s) of the Account Holder in the table below. If no natural person exercises Control over an Entity which is a legal person, the Controlling Person(s) will be the Individual holding the position of senior managing official. Complete Self-Certification Form – Controlling Person(s) for each Controlling Person(s).

(1)		(5)	
(2)		(6)	
(3)		(7)	
(4)		(8)	

Part 4: Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")

*Complete the following table indicating (a) the jurisdiction of residence where the Account Holder is a **Resident for Tax Purposes** and (b) the Account Holder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) Jurisdictions of Residence.*

If the Account Holder is a tax resident of any jurisdiction which does not issue tax identification number, please provide the functional equivalent.

If the Account Holder is not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which its place of effective management is situated.

If a TIN is unavailable, provide the appropriate reason A, B or C:
***Reason A** – The jurisdiction where the Account Holder is a Resident for Tax Purposes does not issue TINs to its residents.*
***Reason B** – The Account Holder is unable to obtain a TIN. Explain why the Account Holder is unable to obtain a TIN if you have selected this reason.*
***Reason C** – TIN is not required. Select this reason only if the authorities of the Jurisdiction of Residence do not require the TIN to be disclosed.*

	Jurisdiction of Residence	TIN	Reason if no TIN is available	Explain why the Account Holder is unable to obtain a TIN if you have selected reason B
(1)	Japan	5010401098017		
(2)				
(3)				
(4)				
(5)				

Part 5: Declarations and Signature

I declare that the information provided in this form is, to the best of my knowledge and belief, true, accurate and complete. I undertake to advise the CSI Group ("CSI") promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

I agree that CSI may disclose and transfer to its branches, affiliates or representative offices located in any jurisdiction the information contained in this form, and any information relating to the Account Holder's accounts and products with CSI, in connection with or to facilitate their compliance with applicable laws and regulations.

I consent to CSI collecting, using and disclosing information (including disclosing information to any government authority or agency) that I have provided for the purpose of complying with applicable laws and regulations.

I am authorized to sign this form for the Account Holder and warrant that I have obtained the consent of any individual named in this form or have the right to consent on his/her behalf to such collection, use, disclosure and processing of his/her personal data by CSI for the purposes of this certification.

Signature	A Agrawal	
Name	Avichal Agrawal	
Capacity	Authorised Signatory	*e.g. director or officer of a company/partner of a partnership/trustee of a trust*
Date	26-10-2026	

WARNING: It is an offence under local tax regulation if any person, in making a self- certification, makes a statement that is misleading, false or incorrect in a material particular whether it is knowingly or recklessly. The person who commits the offence is liable to conviction.