CLSA

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 in fields/parts marked with an asterisk (*) are required to be reported by the reporting Financial Institution to the relevant 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 Funding (Cayman) Limited			
Jurisdiction of incorporation or organization	Cayman Islands			
Business registration/ identification number	MC-317003			
Date of incorporation	09/11/2016			
	Registered address		**Mailing address (if different from registered address)**	
Street	Maples Corporate Services Limited, PO Box 309			
Building name	Ugland House			
Suite				
Floor				
District / state				
City / town	Grand Cayman			
Postal code	KY1-1104			
Country	Cayman Islands			
Phone number	Country code	Number	Country code	Number

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Part 2: Entity Type
Tick the appropriate box(es) and provide the relevant information.

Financial Institution	☐ 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: LTL649.00051.ME.136
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.

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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)	Cayman Islands	NA	A	
(2)				
(3)				
(4)				
(5)				

Part 5: Declarations and Signature

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the Financial Institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Account Holder and any Reportable Account(s) may be reported by the Financial Institution to the respective tax authority and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Account Holder may be Resident For Tax Purposes pursuant to intergovernmental agreements to exchange financial account information.

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

I undertake to advise the Financial Institution of any change in circumstances which affects the tax residency status of the Entity identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Financial Institutions with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

Signature

Name Eugene Min

Capacity Director *e.g. director or officer of a company/partner of a partnership/trustee of a trust*

Date 16/07/2018

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.