Self-Certification Form – Controlling Person

Important Notes:

- **This is a self-certification form provided by a Controlling Person 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.**
- **A Controlling Person 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 Controlling Person

Name of Controlling Person	Title	☐ Mr. ☐ Mrs ☐ Ms. ☐ Miss		
	Last name or surname			
	First or given name			
	Middle name(s)			
Identity card number				
Identity card issuing country				
Passport number				
Nationality				
Date of birth				
Place of birth	Town/city			
	Province/state			
	Country			
	Residence address		**Mailing address (if different from residence address)**	
Street				
Building name				
Suite				
Floor				
District / state				
City / town				
Postal code				
Country				
Phone number	Country code	Number	Country code	Number

Part 2: The Entity Account Holder(s) of which you are a Controlling Person
Enter the name of the Entity Account Holder of which you are a Controlling Person.

Entity	Name of the Entity Account Holder
(1)	
(2)	
(3)	

Part 3: Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") *

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

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

If a TIN is unavailable, provide the appropriate reason A, B or C:
***Reason A** – The jurisdiction where the Controlling Person is a Resident for Tax Purposes does not issue TINs to its residents.*
***Reason B** – The Controlling Person is unable to obtain a TIN. Explain why the Controlling Person 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)				
(2)				
(3)				
(4)				
(5)				

Part 4: Type of Controlling Person

Tick the appropriate box to indicate the types of controlling person for each entity stated in Part 2

Type of Entity	Type of Controlling Person	Entity (1)	Entity (2)	Entity (3)
Legal Person	Individual who has a controlling ownership interest (more than 10%)	☐	☐	☐
	Individual who exercises control/is entitled to exercise control through other means (more than 10% voting rights)	☐	☐	☐
	Individual who holds the position of senior managing official / exercises ultimate control over the management of the entity	☐	☐	☐
Trust	Settlor	☐	☐	☐
	Trustee	☐	☐	☐
	Protector	☐	☐	☐
	Beneficiary or member of the class of beneficiaries	☐	☐	☐
	Other (e.g individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	☐	☐	☐
Legal Arrangement other than Trust	Individual in a position equivalent/similar to settlor	☐	☐	☐
	Individual in a position equivalent/similar to trustee	☐	☐	☐
	Individual in a position equivalent/similar to protector	☐	☐	☐
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	☐	☐	☐
	Other (e.g individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary)	☐	☐	☐

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 CLSA Group ("CLSA") 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 CLSA 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 CLSA, in connection with or to facilitate their compliance with applicable laws and regulations.

I consent to CLSA 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 certify that I am the Account Holder / 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 CLSA for the purposes of this certification.

Signature _____

Name _____

Capacity _____ *Indicate the capacity if you are not the individual identified in Part 1*

Date _____

^ Please strike out whichever is not applicable
^^ Please attach a certified copy of the power of attorney, or written authorisation / equivalent to sign on behalf of the Controlling Person

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.