

**Controlling Person Self-Certification Form**

*We are obliged to collect certain information about the tax arrangements of the controlling persons under the **Automatic Exchange of Tax Information on financial accounts: Common Reporting Standard***

*Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with the relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the multilateral competent authority agreement signed between the various jurisdictions.*

*If any of the information below changes in the future, please ensure you advise us of these changes promptly (maximum within 30 days). If you have any questions about how to complete this form, please contact your tax advisor.*

**Section 1: Identification**

Full Legal Name				
	Salutation	First Name	Middle Name	Last Name
Gender	Male	Female	Other	Nationality
Identification Type and Number	PAN			
	Aadhar Number			
	Passport			
Date of Birth (DD/MM/YYYY)				
Place, City and Country of Birth				
	Place	City	Country	
Father's Name	Mandatory if Tax ID is not available			
Spouse's Name (If available)				
Occupation Type	Service	Business	Others, please specify: _____	
Company Name				
Designation				
	Permanent Address		Mailing Address (if different from permanent address)	
Street				
Building Name				
Suite				
Floor				
District / State				
City / Town				
Postal Code				
Country				

Mobile Number	+	Contact Number	Residential Number	+	Contact Number
Work Number	+	Contact Number	Other Telephone Number	+	Contact Number

**Section 2: Type of Controlling Person**

Tick the appropriate box to indicate the type of controlling person

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%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (more than 10% voting rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3: Tax Information**

Please state the name of all countries in which you are a tax resident and their corresponding tax identification number in below table. If you are a tax resident of any country which does not issue tax identification number, please provide functional equivalent. If you are not issued any tax identification number or the functional equivalents, kindly provide the reason. Please also inform us once you receive the same.

Country(ies) of Tax Residency(ies)	Name of Tax ID number	Tax ID number

Reason for non-availability of tax identification number or functional equivalent:

- The country where the account holder is a tax resident of does not issue tax identification number to its residents.
- The account holder is unable to obtain a tax identification number or functional equivalent.

Please explain why: \_\_\_\_\_

- No tax identification number required. (Only select this reason if the domestic law of the country does not require collection of tax identification number.)

**Section 4: 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)	

**Section 5: Declaration and Undertakings**

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<sup>^</sup> 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<sup>^^</sup> to such collection, use, disclosure and processing of his/her personal data by CLSA for the purposes of this certification.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Capacity \_\_\_\_\_ *Indicate the capacity if you are not the individual identified in Section 1*

Date (DD/MM/YYYY) \_\_\_\_\_

<sup>^</sup> Please strike out whichever is not applicable

<sup>^^</sup> Please attach a certified copy of the power of attorney, or written authorisation / equivalent to sign on behalf of the Controlling Person

For your easy understanding, we have prepared a short list of our most **frequently asked questions** on our website. For more information, please email us at [FATCA-CRS@CLSA.COM](mailto:FATCA-CRS@CLSA.COM)