



Entity Self-Certification Form

We are obliged to collect certain information about the tax arrangements of each account holder and their ultimate beneficial owner 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

Legal Name of Entity			
Entity Type		Date of Incorporation	DD/MM/YYYY
Place and Country of Incorporation			
Identification Type and Number	PAN		
	Business Code		
	TIN	If available	
	Company Identification number	If available	
	Global Entity Identification Number	If available	
	Other		
	Permanent Address	Mailing Address (if different from permanent address)	
Street			
Building Name			
Suite			
Floor			
District / State			
City / Town			
Post Code			
Country			

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

Section 2:

2.1 Entity Type

Tick one of the appropriate boxes and provide the relevant information.

<p>Financial Institution</p>	<p>Reporting Financial Institution under CRS:</p> <p><input type="checkbox"/> Custodial Institution, Depository Institution or Specific Insurance Company</p> <p><input type="checkbox"/> Investment Entity, <i>except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity's assets) and located in a non-participating jurisdiction</i></p> <p>GIIN: <input type="text"/></p> <p>All Financial Institutions need to provide GIIN. If not providing, please indicate reason:</p> <p>_____</p> <p><input type="checkbox"/> Non-Reporting Financial Institution under CRS</p> <p>Specify the type of Non-Reporting Financial Institution below:</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> International Organization</p> <p><input type="checkbox"/> Central Bank</p> <p><input type="checkbox"/> Broad Participation Retirement Fund</p> <p><input type="checkbox"/> Narrow Participation Retirement Fund</p> <p><input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank</p> <p><input type="checkbox"/> Exempt Collective Investment Vehicle</p> <p><input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts</p> <p><input type="checkbox"/> Qualified Credit Card Issuer</p> <p><input type="checkbox"/> Other Entity defined under the domestic law as low risk of being used to evade tax</p> <p>Specify the type provided in the domestic law:</p> <p>_____</p>
<p>Active NFE</p>	<p><input type="checkbox"/> NFE the stock of which is regularly traded on _____, which is an established securities market</p> <p><input type="checkbox"/> Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market</p> <p><input type="checkbox"/> NFE is a governmental entity, an international organisation, a central bank, or an entity wholly owned by one or more of the foregoing entities</p> <p><input type="checkbox"/> Active NFE other than the above (Please specify _____)</p>
<p>Passive NFE (to complete Section 2.2 below)</p>	<p><input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction</p> <p><input type="checkbox"/> NFE that is not an active NFE</p>

2.2 List of Substantial Ownership / Controlling Persons

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 will be the individual holding the position of senior managing official. Complete a self-certification form for each controlling person.

- 1) _____
- 2) _____
- 3) _____

Section 3: Tax Information

Please state the name of countries in which you are a tax resident and the 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:

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

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: 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 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.

Authorized Signatory		Authorized Signatory	
Print Name		Print Name	
Capacity		Capacity	
Date (DD / MM / YYYY)		Date (DD / MM / YYYY)	

Please feel free to email us at [FATCA-CRS @CLSA.COM](mailto:FATCA-CRS@CLSA.COM) if you have any queries about this declaration.