

Account Application - Corporate

Please tick USD or HKD for your preferred reporting currency. If no selection is made, SGD will apply by default.

Types of Accounts

- You may open more than one type of account.
- Securities Trading Account is required in order to open account under Margin Trading and Other Financial Instruments.

Please state your preferred reporting currency for the Consolidated Statement. **SGD** will be applied by default unless you select one the following: ☐ USD ☐ HKD

Regular Trading*

☐ Securities Trading Account

- To trade Equities, Bonds, Unit Trusts, ETFs, ETNs, OTC products, etc.

☐ UTRADE X Account

- Online cash upfront account
- To trade securities in SG, HK, MY, US Markets

Margin Trading*

(Please complete margin loan documents)

☐ Share Margin Financing Account

Please select/tick accordingly the type of trading you wish to apply

Other Financial Instruments*

☐ UTRADE Delta

☐ CFDs (Equities, Indices) & Leveraged (FX, Commodities)

Please select the base currency:

☐ SGD ☐ USD

☐ MT4

☐ Leveraged (FX, Commodities) & CFDs (Indices)

Please select the base currency:

☐ SGD ☐ USD

☐ Write Equity Call / Put Option

* Account is enrolled with Online Trading facility and you will only receive electronic contracts and monthly statements.

Applicant Information

Name of Corporation

To complete the applicant information as per the ARCA/COI submitted

RCB Registration No. / Company Registration No.

Legal Entity Identifier No. (LEI), if applicable

Place of Incorporation / Registration

Date of Incorporation / Registration (DD/MM/YYYY)

Country(ies) Where Business Is Conducted / Key geographical market covered

Information can be obtained from ARCA or equivalent documents i.e. company extract or article of incorporation

Principal Business Activity (to describe your key business activities, or indicate if this is an investment)

To complete the official contact number of the company. Kindly note that the mobile number and email address provided will be used for 2FA (Two-Factor Authentication) purposes.

Office No.

Country Code

Area Code / Number

+ ()

Mobile No.

Country Code

Area Code / Number

+ ()

Email Address (Mandatory) This email will be used for future correspondence and will supersede all previous email addresses that you may have furnished when you established a trading account with us.

To complete official email address of the company to receive welcome letter, User ID and password

Registered Address

Postal Code

City / State

To complete if mailing address differs from the above registered address. To provide proof of entity's mailing address. (Pls refer to the cover checklist on the required supporting documents)

Mailing Address (if different from the Registered Address)

Postal Code

City / State

Country

*We acknowledge and accept the inherent risk that mailers sent to the aforementioned addresses may be opened by another individual at the same address.

Source of Wealth / Funds

We hereby declare that the entity's source of wealth / funds are as follows:

a. Source of Wealth (Refer to the origin of your total assets)

☐ Business Income ☐ Sale of Investments ☐ Injection of Capital ☐ Bank ☐ Others (please specify) _____

To complete the Entity's Source of Wealth and Source of Fund

b. Source of Funds (Refer to the origin of the funds or other assets which are the subject of the requested transaction)

☐ Business Income ☐ Sale of Investments ☐ Injection of Capital ☐ Bank ☐ Others (please specify) _____

Intended Investment Amount

☐ 500,000 and below

☐ 500,001 to 1,000,000

☐ 1,000,001 to 5,000,000

☐ 5,000,001 to 10,000,000

☐ 10,000,001 and above, please specify amount: _____

To complete the Intended Investment Amount

Account Relationship Details

1. Are there any entity trading account(s) in UOBKH in which you have control or influence?

☐ Yes (

To fill in any existing entity(ies) trading account name and account number maintain with UOBKH that you have control or influence

Name _____

Name _____ Account No. _____

2. Does any account holder in UOBKH have control or influence over this account?

☐ Yes (Please

To fill in any existing entity(ies) trading account name and account number maintain with UOBKH that has control or influence over this account

Name _____

Name _____ Account No. _____

Settlement of Accounts

Securities Trading Account / UTRADE X / UTRADE Delta / MT4

☒ Standing Authorisation (SA)

Please deposit any amounts that are due to us, including but not limited to sale proceeds, contra gains and dividends, and coupon payments that are due to us into our Trust Account in the settlement currency indicated on the contract note, contra statement, or payment advice from UOBKH, and withdraw from our Trust Account for settlement of whatever money due to UOBKH, including but not limited to purchases of stocks and shares, contra losses incurred by us, fees payable with respect to our transactions/accounts with UOBKH and/or payments for subscriptions/corporate actions that we instruct UOBKH to undertake on our behalf.

You may opt and select GIRO as your settlement of account of securities

We are aware that this arrangement will not apply (for SGD and/or USD and/or other currencies) if other mode of settlement (GIRO or TT) has been selected.

Please select the following if you wish to opt for other settlement modes for your SGD transaction (for Securities Trading Account only).

☐ GIRO (please attach Bank GIRO Application Form)

* Cheque, bill payment, PayNow and telegraphic transfers are accepted for all trading accounts.

Trading History / Objectives

1. Does the Company have previous experience in investing in financial product(s)? ☐ Yes, please specify _____ ☐ No

2. Please indicate your investment objectives.

☐ Long Term Investment ☐ Short Term Trading Profits ☐ Dividend Yield ☐ Hedging ☐ Others (please specify) _____

To complete all Trading History/ Objectives questions

3. Name of other financial institution(s) used to invest in any financial product(s) _____

4. Is the Company currently insolvent or unable to pay its debts as they fall due, or has the Company entered into or has proposed to enter into any scheme, arrangement or composition with its creditors, or has any bankruptcy, receivership, liquidation, winding up, judicial management, administration or similar proceeding or resolution been filed against the Company or passed to effect the same, or has a receiver, liquidator, administrator, judicial manager, custodian, trustee or other analogous officer been appointed overall or a material part of its assets? ☐ Yes ☐ No

If yes, please describe briefly _____

5. Does the Company have any disputed account(s) or unresolved litigation matters with any stockbroking firm(s) / financial institution(s)? ☐ Yes ☐ No

If yes, please describe briefly _____

Application to Open Depository Agent Sub-account(s)

a. Securities Trading Account

i) Do you wish to open Depository Agent Sub-account for UOB Kay Hian to safekeep

☐ Yes ☐ No (please complete ii or iii below)

To select/tick DA Sub Account if you wish to appoint UOBKH as your custodian agent for SGX-listed shares. If no, pls fill in part ii) or iii)

ii) ☐ Please provide the CDP (Central Depository Pte Ltd) account number.

1681 - _____ - _____

By providing your CDP Securities Account Number, you agree to and hereby authorise UOBKH to link your trading account to your direct CDP; or in order to facilitate the settlement of securities for sales and purchases done in your trading account, you hereby agree to custodies your SGX-listed shares with the link trading account to CDP

To fill in your existing CDP account number, if you wish to link your trading account to your direct CDP; or To complete the CDP account opening forms, if you wish to custodies your SGX-listed shares with the link trading account to CDP

iii) ☐ Trade foreign shares only

If you are not trading in Singapore market and did not select pt (i),(ii) above, pls tick pt (iii) if you wish to trade foreign shares only

b. Please note that for the following accounts, a Depository Agent Sub-account will be opened

- Share Margin Financing Account
- UTRADE X Account

Entity Information

1. Please provide a list of your Directors and Key Executives. *Please attach a separate list if there is insufficient space.

Note: Key executives refer to office bearers of the company who have executive decision making power (e.g. director, company secretary and other authorised signatories)

In the case of trust arrangement, Settlor, Protector, Enforcer, Beneficiaries of the Trust

For Association/Society/Club/Foundation, office bearers such as Chairman President, Vice President, Treasurer, Secretary

i) ☐ Director ☐ Key Executive ☐ Others (please specify) _____

Name: _____ Date of Birth (DD/MM/YY): _____

Nationality: _____ NRIC/Passport No.: _____

Residential Address: _____

To select/tick only the applicable boxes (e.g. Director, Key Executive, or others (to specify i.e. Secretary, Treasurer, Settlor, Protector and etc) and complete all the particulars information

Entity Information (Con't)ii) ☐ Director ☐ Key Executive ☐ Others (please specify) _____**Name:** _____ **Date of Birth (DD/MM/YY):** _____ **Country of Birth:** _____**Nationality:** _____ **NRIC/Passport No.:** _____ **Contact No.:** _____**Residential Address:** _____iii) ☐ Director ☐ Key Executive ☐ Others (please specify) _____**Name:** _____ **Date of Birth (DD/MM/YY):** _____ **Country of Birth:** _____**Nationality:** _____ **NRIC/Passport No.:** _____ **Contact No.:** _____**Residential Address:** _____iv) ☐ Director ☐ Key Executive ☐ Others (please specify) _____**Name:** _____ **Date of Birth (DD/MM/YY):** _____ **Country of Birth:** _____**Nationality:** _____ **NRIC/Passport No.:** _____ **Contact No.:** _____**Residential Address:** _____**Beneficial Owner(s) Information (*Please attach a separate list if there is insufficient space)**

Note: The term “**beneficial owner**” means the natural person who ultimately owns or controls the Applicant or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over the Applicant.

If your company falls under any of the categories listed below, your company is not required to declare Beneficial Owner and not required to complete this section:

- a) an entity listed on the Singapore Exchange;
- b) an entity listed on a stock exchange outside of Singapore that is subject to
 - (i) regulatory disclosure requirements; and
 - (ii) requirements relating to adequate transparency in respect of its beneficial owners (imposed through stock exchange rules, law or other enforceable means);
- c) a financial institution incorporated or established in or outside Singapore that is subject to and supervised for compliance with AML/CFT requirement consistent with standards set by the FATF.

If you are a tax resident of the United States, please provide your U.S. Taxpayer Identification Number and return a completed signed Form W-9. A US citizen is considered a tax resident of the United States even if you are a tax resident of another jurisdiction.

i) **Name of Beneficial Owner:** _____**Former/Other Name (if any):** _____**Date of Birth (DD/MM/YYYY):** _____ **Country of Birth:** _____ **NRIC/Passport No.:** _____**Residential Address:** _____ **Nationality:** _____**Multiple Nationalities:** ☐ Yes (please list all your current citizenship and provide a duly certified copy of your valid passport)

a) _____ b) _____ c) _____

☐ No**Source of Wealth:** ☐ Employment ☐ Rental ☐ Inheritance / Gifts ☐ Business Income ☐ Sales of Investments☐ Others (please specify) _____**Source of Funds:** ☐ Bank ☐ Others (please specify) _____ii) **Name of Beneficial Owner:** _____**Former/Other Name (if any):** _____**Date of Birth (DD/MM/YYYY):** _____ **Country of Birth:** _____ **NRIC/Passport No.:** _____**Residential Address:** _____ **Nationality:** _____**Multiple Nationalities:** ☐ Yes (please list all your current citizenship and provide a duly certified copy of your valid passport)

a) _____ b) _____ c) _____

☐ No**Source of Wealth:** ☐ Employment ☐ Rental ☐ Inheritance / Gifts ☐ Business Income ☐ Sales of Investments☐ Others (please specify) _____**Source of Funds:** ☐ Bank ☐ Others (please specify) _____

All particulars information of the BO(s) declared must be completed and ensure SOW and SOF is ticked

Beneficial Owner(s) Information (Con't)iii) **Name of Beneficial Owner:** _____**Former/Other Name (if any):** _____

Date of Birth (DD/MM/YYYY): _____ Country of Birth: _____ NRIC/Passport No.: _____

Residential Address: _____ Nationality: _____

Multiple Nationalities: ☐ Yes (please list all your current citizenship and provide a duly certified copy of your valid passport)

a) _____ b) _____ c) _____

☐ NoSource of Wealth: ☐ Employment ☐ Rental ☐ Inheritance / Gifts ☐ Business Income ☐ Sales of Investments☐ Others (please specify) _____Source of Funds: ☐ Bank ☐ Others (please specify) _____iv) **Name of Beneficial Owner:** _____**Former/Other Name (if any):** _____

Date of Birth (DD/MM/YYYY): _____ Country of Birth: _____ NRIC/Passport No.: _____

Residential Address: _____ Nationality: _____

Multiple Nationalities: ☐ Yes (please list all your current citizenship and provide a duly certified copy of your valid passport)

a) _____ b) _____ c) _____

☐ NoSource of Wealth: ☐ Employment ☐ Rental ☐ Inheritance / Gifts ☐ Business Income ☐ Sales of Investments☐ Others (please specify) _____Source of Funds: ☐ Bank ☐ Others (please specify) _____**Important Notes & Declaration**

Please read the Important Information and Declaration by the Corporate Applicant on our website.

You can access the information via <https://www.utrade.com.sg/page/site/public/english/pdf/corporate-clients.pdf> or by scanning the QR code to view the following:

A. Representations, Warranties and Declarations by the Applicant

B. Tax Compliance Representation and Warranty

C. Certificate of Fund Manager Concerning Verification of Customer Identity (This section is only applicable if you are fund manager)



Dated this _____ day of _____ 20_____.

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To be signed by the Authorised Signatory(ies) in accordance with the mandate stated at pt 3 of the Extract of Directors' Resolution

Authorised Signatory**Name:**

Optional if corporate applicant operating without company's stamp. However, if the corporate applicant is operating with a company stamp, pls ensure the stamp to be affixed on all account opening forms, where applicable

Please Affix Company's Stamp (If applicable)

Authorised Signatory**Name:**

To ensure the authorised personnel as appointed in the cover checklist to witness, sign and affix the name stamp at this section

Application Form **Witnessed / Verified By / Date**

EXTRACT OF DIRECTORS' RESOLUTIONS PASSED ON _____ DAY OF _____, 20 _____

BY THE BOARD OF DIRECTORS OF _____

(Name of Corporation)

IT WAS NOTED THAT:(A) The Company intends to open and/or avail of trading account(s) with UOB Kay Hian Private Limited ("**UOBKH**"); and

(B) The directors have carefully reviewed the following documents:

1. Corporate Account Application Form For Opening of Trading Account(s)
2. Master Trading Agreement
2. Risk Disclosure Statements

(The Master Trading Agreement (including any addendum) shall be referred to as the "**Master Terms**" which expression shall include amendments, variations and supplements from time to time). The Corporate Account Opening Form for Opening of Trading Account(s) and the Risk Disclosure Statements together with the Master Terms shall be collectively referred to as the "**Account Opening Documents**")

IT WAS RESOLVED:

1. That the contents of the Account Opening Documents be and are hereby approved;
2. That one or more Accounts and/or sub-accounts for Transactions (both expressions as defined in the Master Terms) be opened by the Company in its own name with UOBKH or with a depository agent, now or at any time hereafter, subject to and in accordance with the Account Opening Documents and such rules, guidelines and documents of UOBKH in connection with and/or applicable to the Transactions (as defined in the Master Terms).
3. Each of the following persons whose names and specimen signatures appear below is an authorised representative (the "**Authorised Representative**"):

i) **Name:** _____ **Date of Birth (DD/MM/YYYY):** _____ **NRIC/Passport No.:** _____**Country of Birth:** _____ **Nationality:** _____**Designation:** _____**Residential Address:** _____**Email Address:** _____ **Contact No.:** + () _____

To complete all the details of the Authorised Representative(s) who is appointed to open the account for the company (i.e. Authorised Signatory(ies) signing the Page 4 of the Account Application Form)

Country Code

ii) **Name:** _____ **Date of Birth (DD/MM/YYYY):** _____ **NRIC/Passport No.:** _____**Country of Birth:** _____ **Nationality:** _____**Designation:** _____ **Signature:** _____**Residential Address:** _____**Email Address:** _____ **Contact No.:** + () _____

Country Code

iii) **Name:** _____ **Date of Birth (DD/MM/YYYY):** _____ **NRIC/Passport No.:** _____

Country of Birth: _____ **Nationality:** _____

Designation: _____ **Signature:** _____

Residential Address: _____

Email Address: _____ **Contact No.:** ^{Country Code} + () _____

iv) **Name:** _____ **Date of Birth (DD/MM/YYYY):** _____ **NRIC/Passport No.:** _____

Country of Birth: _____ **Nationality:** _____

Designation: _____ **Signature:** _____

Residential Address: _____ **Contact No.:** ^{Country Code} + () _____

Email Address: _____

v) **Name:** _____ **Date of Birth (DD/MM/YYYY):** _____ **NRIC/Passport No.:** _____

Country of Birth: _____ **Nationality:** _____

Designation: _____ **Signature:** _____

Residential Address: _____

Email Address: _____ **Contact No.:** ^{Country Code} + () _____

4. That each Authorised Representative be and is hereby authorised for and on behalf of the Company, to complete, sign (under hand or under the common seal of the Company as appropriate) and submit the Account Opening Documents, any forms, notices, instruments and all documents in connection with, incidental or ancillary to the opening of the Account(s) for and on behalf of the Company;
5. That each Authorised Representative be and is hereby authorised (i) to negotiate and approve any amendment, alteration, modification, extension or renewal made to the Account Opening Documents and to sign all instruments and all relevant documents in relation thereto from time to time and that signing thereof be conclusive evidence of such approval and (ii) to give any and all acknowledgements, confirmations and information required by UOBKH for the purposes of approving and processing the application for account opening;
6. That each Authorised Representative be and is hereby authorised to:
 - (i) apply and/or request for additional services to be provided by UOBKH and to arrange for the provision by UOBKH of any present or future products, services or facilities of whatever nature and the execution of all documentation in connection therewith;
 - (ii) apply for access to any internet trading system (which shall include any form of electronic service or trading platforms or Technology (as described in the Master Terms) offered by UOBKH or by third parties through UOBKH) (the "**Trading System**") and conduct trades on any of the Company's Account(s) through the Trading System in accordance with the Master Terms and the Terms and Conditions Governing Internet Trading (as published on www.utrade.com.sg) and complete, sign and submit application form(s) including any forms, notices, instruments and all documents in connection with, incidental or ancillary to such access to the Trading System on behalf of the Company;

- (iii) give instructions and authorisations to UOBKH and/or third party vendors as required for the purposes of and/or incidental to the provision, access and/or use of Trading System and/or Technology (as defined in the Master Terms);
 - (iv) give instructions (which instructions shall include directing the disposition and withdrawal of funds and other assets in such Account(s) and transfer such funds and assets to any person(s) (which term shall refer to an individual(s) or a company(ies) as the case may be) as an Authorised Representative may indicate in a written instruction to UOBKH) to UOBKH in connection with the operation of one or more Accounts, such as but not limited to opening and/or maintaining Account(s) for the purposes of trading in any Transaction and/or for custody of the Company's assets and property on a segregation for convenience basis or otherwise and/or closing one or more Accounts;
 - (v) execute all documentation necessary to effect transfer and assignments in connection with any and all Transactions by the Company and shall have full authority to bind the Company with effect to any and every Transaction;
 - (vi) do any and all acts necessary to give effect to any Transaction (as defined in the Master Terms) or to effect compliance with the Company's obligations under the Master Terms;
 - (vii) exercise all discretion and to do all acts and things necessary or expedient in relation to the opening of the Accounts for and on behalf of the Company and to give effect to all other matters referred to in these Resolutions.
7. That UOBKH be entitled to assume that any communication including Orders (as defined in the Master Terms) effected through the Trading System using the Password (as defined in the Master Terms) are effected and authorised by the Company.
8. That each of the persons whose names and specimen signatures appear below are authorised traders (the "**Authorised Traders**");

i) **Name:** _____ **NRIC/Passport No.:** _____ **Designation:** _____
Country Code _____
Signature: _____ **Contact No.:** + () _____ **Email Address:** _____

To complete the details of the Authorised Traders

ii) **Name:** _____ **NRIC/Passport No.:** _____ **Designation:** _____

Country Code

Signature: _____ **Contact No.:** + () _____ **Email Address:** _____

iii) **Name:** _____ **NRIC/Passport No.:** _____ **Designation:** _____

Country Code

Signature: _____ **Contact No.:** + () _____ **Email Address:** _____

iv) **Name:** _____ **NRIC/Passport No.:** _____ **Designation:** _____

 _____ **Country Code**
Signature: _____ **Contact No.:** + () _____ **Email Address:** _____

v) **Name:** _____ **NRIC/Passport No.:** _____ **Designation:** _____

Country Code
+ ()

Signature: _____ **Contact No.:** _____ **Email Address:** _____

9. That each Authorised Trader be authorised to:
 - (i) give, deliver or make Orders and/or enter into Transactions in relation to the relevant financial product(s);
 - (ii) transact on behalf of the Company amounts and values based on the trading limit granted by UOBKH as may be revised by UOBKH from time to time in its sole discretion;
 - (iii) give, deliver and/or make such instructions, authorisations, acknowledgements, requests, applications orally or in writing (including by electronic means) as may be necessary or expedient in connection therewith on behalf of the Company for the Account(s);

- (iv) deal in and direct trades in such Account(s) including for the purposes of entering into Transactions and/or fulfilling Margin (as is defined in the Master Terms) requirements under the Account Opening Documents;
- (v) (where applicable) confirm correctness of Transactions and to instruct on the further maintenance, squaring, roll-over, off-setting, settlement, netting, delivery and/or closing of Transactions including, but not limited to, the liquidation of positions and the exercise, abandonment or closing of options); and
- (vi) instruct and deal fully with UOBKH with respect to such Accounts and Transactions (which shall be binding on, and conclusive as to being acts of, the Company); and
- *(vii) direct the disposition and withdrawal of funds and other assets in such Account(s) and transfer such funds and assets to any person(s) (which term shall refer to an individual(s) or a company(ies) as the case may be) as an Authorised Trader may indicate in a written instruction to UOBKH.

***Please delete if not applicable and counter-signed by either the Directors / a Director and the Company Secretary / the sole Director¹ who certified this resolution**

10. That each of the following Authorised Representative(s) / Authorised Trader(s) with the authority to execute transactions on behalf of the Company for 2FA) be and is hereby authorised to be granted for additional Utrade Login ID, limited to the following:

If pt 9 (vii) is deleted/cancelled, please ensure that 2 Directors OR 1 Director and 1 Secretary OR sole Director who has signed off the resolution to countersign beside this clause as an acknowledgement

- | | |
|--|---|
| <p>i) Name: _____</p> <p>Email Address: _____</p> | <p>Country Code
+ ()</p> <p>Mobile No.: _____</p> <p>Access: ☐ View Only ☐ View and Trade</p> |
| <p>i) Name: _____</p> <p>Email Address: _____</p> | <p>Country Code
+ ()</p> <p>Mobile No.: _____</p> <p>Access: ☐ View Only ☐ View and Trade</p> |

11. That any and all actions of the Company, or any director or officer, taken in connection with the actions contemplated by the foregoing Resolutions prior to the execution hereof including, but not limited to, the entering into of any transactions of any description by the Company with UOBKH be and are hereby ratified, confirmed and approved and adopted in all respects as fully as if such action(s) had been presented to for approval, and approved by, the board of directors prior to such action being taken.
12. That this Resolution be communicated to UOBKH and shall remain in force until amending Resolutions be passed by the board of directors and a certified copy thereof shall have been duly received and acknowledged in writing by UOBKH, and UOBKH shall be indemnified from any loss suffered or liability incurred by it in continuing to act in pursuance of these Resolutions where no such amending Resolutions have been duly received and acknowledged in writing by UOBKH. UOBKH is further entitled and expected to rely on these Resolutions as conclusive that the matters resolved herein are in the interests of the Company and resolved on an informed basis.

Certified True Extract of Minutes

We, the Directors / a Director and the Company Secretary / the sole Director¹, hereby certify that the above resolutions:

- (a) have been duly recorded in the Minutes Book of the Company;
- (b) have not been rescinded; and
- (c) do not exceed the objects and powers of the Company or the powers of the directors to pass such resolutions.

This Resolution is to be signed off by any 2 Directors OR 1 Director and 1 Secretary OR sole Director

Director
Name:

Director/Secretary
Name:

¹This applies to a company with sole Director, regardless of whether the company has a Company Secretary.

Form **W-8BEN-E**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
 ► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
 ► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary) W-8IMY

Instead use Form:**Part I Identification of Beneficial Owner**

Line 1: Please fill in company's name.

Line 2: Please fill in the country that the company is incorporated in.

- 1 Name of organization that is the beneficial owner
- 2 Country of incorporation or organization

- 3 Name of disregarded entity receiving the payment (if applicable, see instructions)

- 4 Chapter 3 Status (entity type) (Must check one box only):
- | | | | |
|--|--|--|---|
| ☐ Simple trust | ☐ Tax-exempt organization | ☐ Corporation | ☐ Partnership |
| ☐ Central Bank of Issue | ☐ Private foundation | ☐ Complex trust | ☐ Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. |
| ☐ Grantor trust | ☐ Disregarded entity | ☐ Estate | ☐ International organization |

Line 4 - Please select the correct Chapter 3 status for the company

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. ☐ Yes ☐ No

- 5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)
- | | |
|---|---|
| ☐ Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). | ☐ Nonreporting IGA FFI. Complete Part XII. |
| ☐ Participating FFI. | ☐ Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. |
| ☐ Reporting Model 1 FFI. | ☐ International organization. Complete Part XIV. |
| ☐ Reporting Model 2 FFI. | ☐ Exempt retirement plans. Complete Part XV. |
| ☐ Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. | ☐ Entity wholly owned by exempt beneficial owners. Complete Part XVI. |
| ☐ Sponsored FFI. Complete Part IV. | ☐ Territory financial institution. Complete Part XVII. |
| ☐ Certified deemed-compliant nonregistering local bank. Complete Part V. | ☐ Excepted nonfinancial institution. Complete Part XVIII. |
| ☐ Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. | ☐ Excepted nonfinancial institution. Complete Part XX. |
| ☐ Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. | ☐ 501(c) organization. Complete Part XXI. |
| ☐ Certified deemed-compliant limited life debt investment entity. Complete Part VIII. | ☐ Nonprofit organization. Complete Part XXII. |
| ☐ Certain investment entities that do not maintain financial accounts. Complete Part IX. | ☐ Publicly traded NFFE or NFFE affiliate or a publicly traded corporation. Complete Part XXIII. |
| ☐ Owner-documented FFI. Complete Part X. | ☐ Excepted territory NFFE. Complete Part XXIV. |
| ☐ Restricted distributor. Complete Part XI. | ☐ Active NFFE. Complete Part XXV. |
| | ☐ Passive NFFE. Complete Part XXVI. |
| | ☐ Excepted inter-affiliate FFI. Complete Part XXVII. |
| | ☐ Direct reporting NFFE. |
| | ☐ Sponsored direct reporting NFFE. Complete Part XXVIII. |
| | ☐ Account that is not a financial account. |

Line 5 - Please select the correct FATCA Status Chapter 4 for company and complete the relevant sections*

For guidance, operating company with business activities is deemed to be Active NFFE and for investment company where passive income > 50% will be deemed as Passive NFFE

- 6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

- 7 Mailing address (if different from above)

Line 6 & 7: To complete address as per Application Form

City or town, state or province. Include postal code where appropriate.

Country

Line 9a: To complete GIIN number, if applicable.

Line 9b: To complete Foreign TIN number.

Line 9c: Please check this box if the country of incorporation or tax jurisdiction does not issue Foreign TIN numbers.

Part I Identification of Beneficial Owner (continued)**8** U.S. taxpayer identification number (TIN), if required**9a** GIIN**b** Foreign TIN**c** Check if FTIN not legally required. ☐**10** Reference number(s) (see instructions)**Note:** Please complete remainder of the form including signing the form in Part XXX.**Part II Disregarded Entity or Branch Receiving Payment.** (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)**11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment☐ Branch treated as nonparticipating FFI.☐ Reporting Model 1 FFI.☐ U.S. Branch.☐ Participating FFI.☐ Reporting Model 2 FFI.**12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

13 GIIN (if any)**Part III Claim of Tax Treaty Benefits** (if applicable). (For chapter 3 purposes only.)**14** I certify that (check all that apply):**a** ☐ The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.**b** ☐ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with line 14a. **Line 14a: To check this box and fill in the country of incorporation of the entity.**☐ Government☐ Company that meets the ownership and base erosion test☐ Tax-exempt pension trust or pension fund☐ Company that meets the derivative benefits test☐ Other tax-exempt organization☐ Company with an item of income that meets active trade or business test☐ Publicly traded corporation☐ Favorable discretionary determination by the U.S. competent authority received☐ Subsidiary of a publicly traded corporation☐ No LOB article in treaty☐ Other (specify Article and paragraph): _____**c** ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).**15 Special rates and conditions** (if applicable—see instructions):

The beneficial owner is claiming the provisions of Article and paragraph _____

of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI**16** Name of sponsoring entity: _____**17 Check whichever box applies.**☐ I certify that the entity identified in Part I:

- Is an investment entity;
- Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
- Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

☐ I certify that the entity identified in Part I:

- Is a controlled foreign corporation as defined in section 957(a);
- Is not a QI, WP, or WT;
- Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
- Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank18 ☐ I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts19 ☐ I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: _____

21 ☐ I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity22 ☐ I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts23 ☐ I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a ☐ (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI *(continued)***Check box 24b or 24c, whichever applies.**

- b** ☐ I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** ☐ I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d** ☐ I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** ☐ (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** ☐ Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** ☐ Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI26 ☐ I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a ☐ Model 1 IGA or a ☐ Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ . The trustee is: ☐ U.S. ☐ Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue27 ☐ I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).**Part XIV International Organization****Check box 28a or 28b, whichever applies.**28a ☐ I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).b ☐ I certify that the entity identified in Part I:

- Is comprised primarily of foreign governments;
- Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
- The benefit of the entity's income does not inure to any private person; **and**
- Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans**Check box 29a, b, c, d, e, or f, whichever applies.**29a ☐ I certify that the entity identified in Part I:

- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
- Is operated principally to administer or provide pension or retirement benefits; **and**
- Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.

b ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- No single beneficiary has a right to more than 5% of the FFI's assets;
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.

c ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Has fewer than 50 participants;
- Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
- Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
- Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans (continued)

- d ☐ I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e ☐ I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f ☐ I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30 ☐ I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31 ☐ I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32 ☐ I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33 ☐ I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34 ☐ I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 ☐ I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 ☐ I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

38 ☐ I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

39 ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a ☐ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b** ☐ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c** ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVIII Excepted Inter-Affiliate FFI

41 ☐ I certify that the entity identified **To complete the name of company and company registration number.**

- Is a member of an expanded affiliate **Please leave the trading account number column blank.**ed affiliated group);
- Does not maintain financial accounts with any member of its expanded affiliated group;
- Does not make withholdable payments to any person other than to members of its expanded affiliated group;
- Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
- Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII	Sponsored Direct Reporting NFFE (see instructions for when this is permitted)
--------------------	--

42 Name of sponsoring entity: _____

43 ☐ I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

[illegible]

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income To sign by Authorised Representative in accordance to the

I agree that I will submit a new form within 30 days if any certification on this form

To sign by Authorised Representative in accordance to the mandate at Pt 3 of the Extract of Directors' Resolution. Please ensure to date per format MM-DD-YYYY.

☐ I certify that I have the capacity to sign for the entity identified on

Sign Here

Signature of individual authorized to sign for beneficial owner

Print Name _____

Date (MM-DD-YYYY)

Form **W-8BEN-E** (Rev. 10-2021)[illegible]

SIGN HERE

D□□□MM/DD/□□□□

To complete the name of company and company registration number.
Please leave the trading account number column blank.

Name of Corporation : _____ Company Reg No.: _____

Trading Account No.(s): _____

Common Reporting Standard (CRS) Entity Tax Residency Self-Certification Form

Please read these instructions before completing the form.

Regulations based on the OECD Common Reporting Standard ("CRS") require UOB Kay Hian Pte Ltd ("UOBKH") to collect and report certain information about an account holder's tax residency. If the account holder's tax residence is located outside Singapore, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to IRAS and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find summaries of defined terms such as account holder, controlling person, and other terms at OECD website. A copy of the defined terms can be furnished upon request.

As a financial institution, we are not allowed to give tax advice. If you have any questions on how to define your tax residency status, please visit the OECD website: <http://www.oecd.org/tax/automatic-exchange/> or speak to a professional tax adviser

Part 1-Identification of Account Holder (All fields are mandatory)

Please fill in name of company, company registration number, country of incorporation, company registered address, mailing address (if it differs from company registered address) and consistent with Application Form

Name of Corporation

RCB Registration No. / Company Registration No.

Place of Incorporation / Registration

--	--

Registered Address

Postal Code

City / State

Country

--	--	--

Mailing Address (if different from the Registered Address)

Postal Code

City / State

Country

--	--	--

Part 2-Entity Type (Please provide the Account Holder's Status by ticking one of the following boxes.)

1. (a) Financial Institution – Investment Entity

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution ☐

(Note: if ticking this box please also complete Question 2 below)

ii. Other Investment Entity ☐

Please select the correct CRS Entity's type.

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company ☐

If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

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(c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation. ☐

If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded: _____

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of: _____

- (d) Active NFE – a Government Entity or Central Bank ☐
- (e) Active NFE – an International Organisation ☐
- (f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE) ☐
- (g) Passive NFE (Note: if ticking this box please also complete Question 2 below) ☐

2. If you have ticked **1(a)(i)** or **1(g)** above, then please:

(a) Indicate the name of any Controlling Person(s) of the Account Holder:*

To complete question 2 if 1(a)(i) or 1(g) is selected (and submit CRS Controlling Person Tax Residency Self-Certification Form for each).

(b) Complete "Controlling Person tax residency self-certification form" for each Controlling Person.*

Part 3-Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent ("TIN")

1. If a TIN is unavailable please provide the appropriate **reason A, B or C** where appropriate:

Reason A – The country/jurisdiction where the Account Holder is a resident does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the table below if you have selected this reason)

Reason C – No TIN is required as the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction

No.	Country(ies)/Jurisdiction(s) of tax residence	TIN	If no TIN available enter Reason A, B, or C
1.		To complete country of incorporation and the company's Foreign TIN number. If the country of incorporation do not issue Foreign TIN numbers, please fill in reason A, B or C. (ie For BVI to select reason A)	
2.			
3.			

*If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

2. Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

No.	Country(ies)/Jurisdiction(s) of tax residence	Reason(s)
i.		
ii.		
iii.		

Part 4-Declaration and Signature*

I/We understand that the information supplied by me/us is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with UOBKH setting out how UOBKH may use and share the information supplied by me/us.

I/We understand that the information contained in this form and information relating to UOBKH account(s) may be provided to the Singapore tax authority and exchanged with tax authorities of other country or countries pursuant to intergovernmental agreements to exchange financial account information.

I/We certify that I/we am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I/We undertake to advise UOBKH immediately of any change in circumstances which affects the tax residency status or causes the information contained herein to become incorrect or incomplete, and to provide UOBKH with a suitably updated self-certification.

Dated this _____ day of _____, 20_____.

Signature of Authorised Signatory

Name:

Designation:

NRIC/Passport No.:

To sign by Authorised Representative and in accordance to the mandate at Pt 3 of Extract of Board of Directors' Resolution.

***Please affix company's stamp**

For Office Use Only

Client Accounts

DMU

Reviewed By/ Date: _____

Data Entry By/Date: _____

Checked By/Date: _____

This form is only applicable if you have declared 1a(i) or 1(g) on the CRS Entity Tax Residency Form.

Name of Corporation : _____ Company Reg No.: _____

Trading Account No. (s) : _____

To complete the name of company and company registration number.

Please leave the trading account number column blank.

Common Reporting Standard (CRS) Controlling Person Tax Residency Self-Certification Form

Please read these instructions before completing the form.

Regulations based on the OECD Common Reporting Standard ("CRS") require UOB Kay Hian Pte Ltd ("UOBKH") to collect and report certain information about certain account holder's controlling person(s) tax residence.

You can find summaries of defined terms such as account holder, controlling person, and other terms at the OECD website. A copy of the defined terms can be furnished upon request.

As a financial institution, we are not allowed to give tax advice. If you have any questions on how to define your tax residency status, please visit the OECD website: <http://www.oecd.org/tax/automatic-exchange/> or speak to a professional tax adviser.

Part 1 – Controlling Person Details (All fields are mandatory)

Name as in NRIC/Passport

To fill in Controlling Person's name, residential address, mailing address (if it differs from residential address), date of birth, NRIC/Passport number, nationality, town/city of birth and country of birth.

Residential Address

Postal Code

City / State

Country

Mailing Address (if different from Residential Address)

Postal Code

City / State

Country

Date of Birth (DD/MM/YYYY)

NRIC/Passport No.

Nationality

Town / City of Birth

Country of Birth

Please indicate the legal name(s) of the Entity Trading Account(s) that is/are held with UOBKH of which you are a Controlling Person:

No.	Legal Name of Entity Trading Account	Trading Account No.
Entity 1	_____	_____
Entity 2	_____	_____
Entity 3	_____	_____

To complete the name of company in Entity 1, and any other corporate trading account(s) maintained with UOBKH of which the Controlling Person holds.

Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)

1. If a TIN is unavailable, please provide the appropriate

Reason A - The country/jurisdiction where the Controlling Person is a resident

Reason B - The Controlling Person is otherwise unable to obtain a TIN in the table below if you have

Reason C - No TIN is required as the domestic law of the country of residence does not require such jurisdiction

To complete Controlling Person's country of tax residency and the Foreign TIN number.
If the country of tax residence does not issue Foreign TIN numbers, please fill in reason A, B or C. If more than 1 TIN, pls indicate all the countries and TIN of the Controlling Person.

identifies why you are unable to obtain a TIN issued by

	Country(ies) /Jurisdiction(s) of Tax Residence	TIN	If no TIN available, indicate Reason A, B or C
1.			
2.			
3.			

2. Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason **B** above.

No.	Country(ies) /Jurisdiction(s) of Tax Residence	Reason(s)
i.		
ii.		
iii.		

Part 3 – Type of Controlling Person

Please provide the Controlling Person's Status by ticking the appropriate box.	Entity 1	Entity 2	Entity 3
a. Controlling Person of a legal person – control by ownership	☐	☐	☐
b. Controlling Person of a legal person – control by other means	☐	☐	☐
c. Controlling Person of a legal person – senior managing official	☐	☐	☐
d. Controlling Person of a trust – settlor	☐	☐	☐
e. Controlling Person of a trust – trustee	☐	☐	☐
f. Controlling Person of a trust – protector	☐	☐	☐
g. Controlling Person of a trust – beneficiary	☐	☐	☐
h. Controlling Person of trust – other	☐	☐	☐
i. Controlling Person of a legal arrangement (non-trust) – settler-equivalent	☐	☐	☐
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent	☐	☐	☐
k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent	☐	☐	☐
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent	☐	☐	☐
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent	☐	☐	☐

To select type of Controlling Person for the entity(ies) declared at Page 1 Part 1.

Part 4 – Declarations and Signature

I understand that the information contained in this form and information relating to UOBKH account(s) may be provided to the Singapore tax authority and exchanged with tax authorities of other country or countries pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise UOBKH immediately of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect or incomplete, and to provide UOBKH with a suitably updated self-certification.

Dated this _____ day of _____ 20 _____

Signature: _____

Name of Controlling Person: _____

To be signed by the by the Controlling Person as declared.
*Please do not affix company stamp.

For Office Use Only**Client Accounts**

Reviewed By/ Date: _____

DMU

Data Entry By/Date: _____

Checked By/Date: _____