Controlling Person Tax Residency Self-Certification Form



Instructions

Please read these instructions before completing the form.

Regulations on Common Reporting Standard ("CRS") require **RHB Bank Nominees Pte Ltd** to collect and report certain information about an account holder's tax residence, you will find that tax residence is the country/jurisdiction in which you live. Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual/multi residency). For More information on tax residence, please consult your tax adviser.

If your tax residence (or the Controlling Person, if you are completing the form on their behalf) 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 accounts maintain with us to the Inland Revenue Authority of Singapore (IRAS) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

This form will remain valid unless there is a change in circumstances relating to information, such as the Controlling Person's tax status or other mandatory field information, that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

Please complete this form if you are the Controlling Person of an Entity Account Holder set out under Part 1-F which is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

For joint or multiple Controlling Persons use a separate form for each Controlling Person.

If you are completing this form on behalf of a Controlling Person, please tell us in what capacity you're signing under Part 4. For example, you may be completing the form under a power of attorney.

By completing the form, you are acknowledging and agreeing to the RHB CRS Terms and Conditions. In addition, please refer to the Appendix for a summary description of select defined terms used in this form.

As a financial institution, we are not allowed to give tax advice. Your tax adviser may be able to assist in answering specific questions on this form.

Warning note on offences for non-compliance

It is an offence under section 105M of the Singapore Income Tax if any person, in making a self-certification, makes a statement that is false or misleading in a material particular, if that person knows or have reasons to believe that such information is false or misleading. Such offence is punishable with a fine not exceeding SGD 10,000 or imprisonment for a term not exceeding 2 years or to both.

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Please complete Parts 1-3 in BLOCK CAPITALS

Part 1: Identification of Controlling Person

A. Name of Controlling Person		
B. Date of birth D D M M M Y D	C. NRIC/Passport no.	
D. Permanent Residence Address Number	& Street	
City/Town		
State/Province/County	Country	Postal code
F. Please provide the legal name of the relev	ant Entity Account Holder(s) of which you are	e a Controlling Person
Legal name and Business Registration Num	ber of Entity 1	
Entity 1 (continued)		
Legal name and Business Registration Num	ber of Entity 2	
Entity 2 (continued)		
Legal name and Business Registration Num	ber of Entity 3	
Entity 3 (continued)		

Part 2 : Country/Jurisdiction of Residence for Tax Purpose and related Taxpayer Identification Number or function equivalent* ("TIN") (See Appendix)

Please complete the following table indicating

- i) where the Controlling Person is tax resident;
- ii) the Controlling Person's TIN for each country/jurisdiction indicated; and,
- iii) Part 3 "Type of Controlling Person".

If the Controlling Person is tax resident in more than three countries/jurisdictions, please use a separate sheet. If a TIN is unavailable please provide the appropriate reason A, B or C:

Reason A - The country/jurisdiction where the Controlling Person is 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 below table if you have selected this reason)

Reason C – No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

	Country of Tax Residency	Tax ID Number	Enter Reason A, B or C if no TIN is available	Justification for absence of TIN
1				
2				
3				

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Part 3: Type of Controlling Person

(Please complete this section if you are tax resident in one or more Reportable Jurisdictions)

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 a trust – other			
i. Controlling Person of a legal arrangement (non-trust) – settlor-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			

Part 4: Declarations and Signature

I understand that the information supplied by me is subject to the RHB Terms and Conditions which has been made available to me.

I acknowledge that the information contained in this form and information regarding the Controlling Person and all accounts held by the Entity Account Holder with you, to which this form relates may be provided to IRAS.

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 you within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide you with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature	Name		
	Name (continued)		
	Capacity		

(Note: If you are not the Controlling Person please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power of attorney.)

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