

CORPORATE

Common Reporting Standard (CRS) Self-Certification Form

Note: This form must be completed by any Entity who wishes to open an account.

Regulations on Common Reporting Standard (CRS) requires Areca Capital Sdn Bhd (ACSB) to collect and report the tax residence status of our clients. Please note that ACSB may be legally obligated to report information provided in this form and other financial information about the investment account(s) to which this form relates to the Inland Revenue Board of Malaysia (IRBM). In turn, IRBM may exchange the reported information for the purpose of complying with relevant tax regulations to enable the automatic exchange of financial account information (AEOI).

Please complete this Self-Certification Form so that we hold accurate and up to date information about your tax residence status. If there are subsequent changes to your circumstances, please let us know by providing an updated Self-Certification Form.

If you have any questions on how to determine your tax residence status, please consult a professional tax adviser as we are not allowed to give tax advice. You may also refer to the OECD website: <http://www.oecd.org/tax/automatic-exchange/crs-implemetation-and-assistance/tax-residency/>

1. PARTICULARS OF ACCOUNT HOLDER

Company Name (as per Certificate of Incorporation)

Account No.

Company Registration No.

Note: Please informed our servicing agent/ staff should you required to update the company's information

2. TAX RESIDENCE INFORMATION

Please complete the country and the respective Taxpayer Identification Number (TIN) that your entity are a tax residence of.

Part A: Country/ Jurisdiction of Residence Declaration

Malaysia Tax Resident
(Not required to complete part B & C)

Malaysia and Non-Malaysia Tax Resident
(Please proceed to complete Part B & C)

Non-Malaysia Tax Resident
(Please proceed to complete Part B & C)

Part B: Non-Malaysia Taxpayer Identification Number Declaration

Note: Please indicate all (not restricted to three) jurisdiction of residence. If space provided is insufficient, please furnish the additional information in a separate Self-Certification Form.

	Country /Jurisdiction of Tax Residence	Tax Identification Number (TIN) or equivalent	If TIN is unavailable, please state the reason (A, B or C) where appropriate. If your reason is B, please explain why TIN is unavailable	
1				
2				
3				

Reason A – The country/jurisdiction where Account Holder is liable to pay tax does not issue TIN to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number. Please specify the reason.

Reason C – No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes do not require the TIN to be disclosed)

Part C: Entity Type

Please tick the applicable type of entity

Financial Institution (FI)

- A Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (Complete the Controlling Person Section below)
- B Other Financial Institution

Non-Financial Entity (NFE)

- C Active NFE – A corporation or related entity of such corporation that is publicly and regularly traded on an established securities market/ Governmental Entity/ Central Bank/ International Organization.
- D Active NFE (eg active business, startup company, charity or non-profit organization and an entity other than Entity C)
- E Passive NFE – Not an Active NFE (complete the Controlling Person section below)

3. CONTROLLING PERSONS (ONLY APPLICABLE FOR ENTITY TYPE A OR E ABOVE)

Controlling Person refer to any natural person(s) who ultimately control over an entity.

If you have ticked A or E above, then please indicate the name of the controlling person(s), if you have more than 3 controlling person, please attach a separate sheet:

No.	Name
1	
2	
3	

Note: Please complete the "CRS Controlling Person Self-Certification form" for each Controlling Person.

4. DECLARATION

I/We understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's relationship with ACSB setting out how ACSB may use and share the information supplied by me.

I/We acknowledge that the information contained in this form and information regarding the Account may be provided directly or indirectly to any relevant tax authority, including of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdiction in which the Account Holder may be resident for tax purposes pursuant to agreements between competent authorities to exchange financial account information.

I/We certified that the information provided is true, accurate and complete. If there is a change in circumstances that affects the tax residence of the Account Holder or causes the information contained herein to become incorrect or incomplete, I understand that I am obligated to inform ACSB of the change in circumstances within 30 days of its occurrence and to provide a suitably updated Self-Certification.

For and on behalf of the Account Holder.

Signature

Name:

NRIC/Passport No:

Passport Expiry Date:

Date:

Designation:

Signature

Name

NRIC/Passport No:

Passport Expiry Date:

Date:

Designation:

Signature

Name

NRIC/Passport No:

Passport Expiry Date:

Date:

Designation:

FOR AUTHORISED OFFICER USE BY ACSB	<input type="checkbox"/> Reportable <input type="checkbox"/> Non Reportable
Processed by :	Verified by:
Date:	Verified Date:
Notes:	Notes: