

CONTROLLING PERSON

Common Reporting Standard (CRS) Self-Certification Form

Note: This form is to be completed by each Controlling Person.

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-impletation-and-assistance/tax-residency/>

1. PARTICULARS OF ACCOUNT HOLDER

Registered Name of Controlled Entity (of which you are a Controlling Person)

Account No. of the Controlled Entity

Controlling Person's Name (Full name as in NRIC/Passport)

NRIC/Passport/Other Identification No.

Nationality

Date of Birth

Gender

Residential Address

Postcode

State

Country

Note: if the residential address provided here differs from our existing records, we will treat this as your current residential address and update our records accordingly.

2. TAX RESIDENCE INFORMATION

Please complete the country and the related Taxpayer Identification Number (TIN) that you 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. Controlling Person of a Legal Person

- Control by ownership (direct or indirect) Control by other means Senior Managing Official

Controlling Person of a Trust

- Settlor
 Trustee
 Protector
 Beneficiary
 Others, Please Specify: _____
 Controlling Person of a Legal Arrangement (Non-Trust), Please specify: _____

3. DECLARATION

I 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 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 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.

I certify that 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 ACSB for the purposes of this certification.*

Signature

Name: _____

NRIC/Passport No: _____

Passport Expiry Date: _____

Date: _____

Capacity** _____

*Authorisation on behalf of the Controlling Person must be accompanied with Power of Attorney or equivalent recognised document of the country
 ** Only applicable if you are not the Controlling Person and please indicate the capacity in which you are signing the form. Please also attach a certified copy of supporting document to prove the capacity to act for the account holder.

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