

# INDIVIDUAL Common Reporting Standard (CRS) Self-Certification Form

**Note: This form must be completed by any Individual 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. PARTICULAR OF ACCOUNT HOLDER

Name (Full name as in NRIC/Passport)

Account No.

NRIC/Passport/Other Identification No.

Note: Please informed our servicing agents/staff should you require to update your personal information.

## 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)

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

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

### 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)

### 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 Account Holder must be accompanied with Power of Attorney or equivalent recognised document of the country

\*\* Only applicable if you are not the Account Holder 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.

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