

COMMON REPORTING STANDARD (CRS) CONTROLLING PERSON SELF-CERTIFICATION FORM

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

Regulations on Common Reporting Standard (CRS) require Areca Capital Sdn. Bhd. ("ACSB") to collect and report the tax residence status of the 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 ACSB hold accurate and up-to-date information about the Controlling Person's tax residence status. If there are subsequent changes to the Controlling Person's circumstances, please let ACSB know by providing an updated Self-Certification Form.

If the Controlling Person have any questions on how to determine their tax residence status, please consult a professional tax adviser as ACSB are not allowed to give tax advice. The Controlling Person may also refer to the OECD website: http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/

Please complete in **BLOCK LETTERS** and tick (\lor) where applicable.

A. PARTICULARS OF ACCOUNT HOLDER					
Registered Name of Controlled Entity (of which the Controlling Person is a part of)					
Account Number of the Controlled Entity					
Controlling Person's Name (Full name as in NRIC/Passport)					
NRIC/Passport/Other Identification No. Passport Expiry Date Date of Birth					
Gender Female Male					
Nationality Malaysian, Bumiputera Malaysian, Non-Bumiputera Foreigner, please specify country:					
Permanent Home/Residential Address					
Postcode					
Country Country					
Note:					
• If the residential address provided here differs from the Controlling Person's existing records, ACSB will treat this as the Controlling Person's current residential address and update the records accordingly.					
B. COMMON REPORTING STANDARD ("CRS") SELF-CERTIFICATION					
1. TAX RESIDENCY INFORMATION					
Please complete the country and the related Taxpayer Identification Number ("TIN") that Controlling Person is a tax resident of.					
Part I: Country/Jurisdiction of Residence Declaration					
Malaysia Tax Resident (not required to complete Part II & III) Malaysia and Non-Malaysia Tax Resident (please complete Part II & III)					
Non-Malaysia Tax Resident (please complete Part II & III) No tax account, please provide reason:					

Areca Capital Sdn. Bhd. 200601021087 (740840-D) 107, Blok B, Pusat Dagangan Phileo Damansara 1, No. 9, Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor, Malaysia Tel: +603-7956 3111 E-mail: invest@arecacapital.com Sep 2024



Part II: Non-Malaysia Taxpayer Identification Number Declaration

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

No.	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 the 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 III: 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:



2. 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 the country/jurisdiction in which this/these account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be a resident for tax purposes pursuant to agreements between competent authorities to exchange financial account information.

I certify that the information provided is true, accurate and complete. I understand that if there is a change in circumstances that affects my tax residence or causes the information contained herein to become incorrect or incomplete, I am obligated to inform ACSB of the change in circumstances within 30 days of its occurrence and to provide a suitably updated **CRS Self-Certification Form**.

I certify that I am authorised 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.

Please do not pre-sign or sign an incomplete form.

Signature Name: 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 the signee is not the Controlling Person and please indicate the capacity in which the signee is signing the form. Please also attach a certified copy of supporting document to prove the capacity to act for the account holder. FOR OFFICE USE BY ACSB FOR AUTHORISED OFFICER USE ONLY Processed by: Verified by: Processed Date: Verified Date: Notes: Notes: CRS: Reportable Non-Reportable

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