

COMMON REPORTING STANDARD (CRS) CORPORATE SELF-CERTIFICATION FORM

Note: This form must be completed by any entity that wishes to open an account.

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 entity's tax residence status. If there are subsequent changes to the entity's circumstances, please let ACSB know by providing an updated Self-Certification Form.

If the entity 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 entity 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 (\forall) where applicable.

A PARTICULARS OF ACCOUNT HOLDER

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	ATTAKTICOLARS OF ACCOUNT HOLDER																																				
Comp	oai	ny N	lam	e (a	s p	er C	ert	ific	ate	9 0	f In	cor	ро	rat	ion)																					
Account Number																																					
Company Registration No.																																					
Note:	Note:																																				
• Plea	Please inform the Unit Trust Scheme Consultant ("UTSC") should an update to personal information is required.																																				
B. COMMON REPORTING STANDARD ("CRS") SELF-CERTIFICATION																																					
1. TAX RESIDENCY INFORMATION																																					
Please	Please complete the country and the related Taxpayer Identification Number ("TIN") that the entity is a tax resident of.																																				
Part I: Country/Jurisdiction of Residence Declaration																																					
M	Malaysia Tax Resident (please complete Part II) Malaysia and Non-Malaysia Tax Resident (please complete Part II & III)																																				
No	Non-Malaysia Tax Resident (please complete Part II & III)																																				
Part II: 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																																				
separ	separate CRS Self-Certification Form.																																				
No.		Cou	ntr	y/Ju	ris	dicti	on	of	Та	x F	Resi	deı	nce	е	Та	x Id	ent	ific	on I Juiv		er	("T	N") or	•	N is			-	ase	on	is B	eas		-	-	ere s
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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.)

Sep 2024



	Part III: Entity Type												
	Please tick the applicable type of entity												
Financia	nancial Institution (FI)												
A	A Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (complete the Contest Person(s) section below)												
В	B Other Financial Institution												
Non-Fina	Ion-Financial Entity (NFE)												
С	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 (e.g. 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(s) section below)												
2. CON	2. CONTROLLING PERSON(S) (ONLY APPLICABLE FOR ENTITY TYPE A OR E ABOVE)												
Please c	Please complete the CRS Controlling Person Self-Certification Form for each Controlling Person.												
	Controlling Person(s) refers to any natural person(s) who ultimately control over an entity. If A or E above are ticked, then please indicate the name of the controlling person(s), if there are more than 3 controlling person, please attach a separate sheet:												
No.	Name												
1													
2													
3													
3. DEC	3. DECLARATION												
	We understand that the information supplied by us is subject to the Terms and Conditions governing the Account Holder(s)'s relationship with ACSB setting out how ACSB may use and share the information supplied by us.												
We ackr	owledge that the information contained	in this form and information regarding the acco	ount may be provided directly or indirectly to any										
countrie	relevant tax authority, including of the country/jurisdiction in which this/these account(s) is/are maintained and exchanged with tax authorities of the countries/jurisdictions in which the Account Holder(s) may be a resident for tax purposes pursuant to agreements between competent authorities to exchange financial account information.												
We certi	fy that the information provided is true, a	accurate and complete. We understand that if the	re is a change in circumstances that affects the ta										
residenc	We certify that the information provided is true, accurate and complete. We understand that if there is a change in circumstances that affects the tax residence of the Account Holder(s) or causes the information contained herein to become incorrect or incomplete, we are 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 .												
	Please do not pre-	sign or sign an incomplete form. Please affix com	pany's stamp here.										
Authoris	ed Signatory 1	Authorised Signatory 2	Authorised Signatory 3										
Name:		Name:	Name:										
Dato		Date	Date:										
Date:		Date:	Date:										

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FOR OFFICE USE BY ACSB									
FOR AUTHORISED OFFICER USE ONLY									
Processed by:	Verified by:								
Processed Date:	Verified Date:								
Notes:	Notes:								
CRS: Reportable Non-Reportable									