

Part III: 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(s) 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 (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. CONTROLLING PERSON(S) (ONLY APPLICABLE FOR ENTITY TYPE A OR E ABOVE)

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. 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 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/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 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 company's stamp here.

Authorised Signatory 1 Name: _____ Date: _____	Authorised Signatory 2 Name: _____ Date: _____	Authorised Signatory 3 Name: _____ 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: <input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable	