

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/taxresidency/

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

A PARTICULARS OF ACCOUNT HOLDER

ALTAKHOODANG OF ACCOUNTINGED IN						
Company Name (as per Certificate of Incorporation)						
Account Number						
Company Registration No.						
Note:						
• 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 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						
Malaysia Tay Decident / places complete Dort II \(\)						
Malaysia Tax Resident (please complete Part II) Malaysia and Non-Malaysia Tax Resident (please complete Part II & III)						
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						
separate CRS Self-Certification Form.						
No. Country/Jurisdiction of Tax Residence Tax Identification Number ("TIN") or If TIN is unavailable, please state the reason (A, B or C) who appropriate. If the reason is B, please explain why TIN is						
Equivalent appropriate. If the reason is 6, please explain why fin is unavailable.						

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.)

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1

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Part III: I	Entity Type					
Please ti	ck the applicable type of entity					
Financia	Financial Institution (FI)					
A	A Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (complete the Controlling Person(s) section below)					
В	B Other Financial Institution					
Non-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	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)						
	_	Certification Form for each Controlling Person.				
		s) who ultimately control over an entity. If A or E controlling person, please attach a separate sheet	above are ticked, then please indicate the name of :			
No.	Name					
1						
2						
3						
3. DEC	LARATION					
	erstand that the information supplied by ut how ACSB may use and share the inform		ing the Account Holder(s)'s relationship with ACSE			
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 com	pany's stamp nere.			
Authoris	ed Signatory 1	Authorised Signatory 2	Authorised Signatory 3			
Authoris	eu signatory 1	Authorised Signatory 2	Authorised Signatory 5			
Name:		Name:	Name:			
Date:		Date:	Date:			

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 Aug 2025



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