ARECA CAPITAL

COMMON REPORTING STANDARD (CRS) INDIVIDUAL SELF-CERTIFICATION FORM

Note: This form must be completed by any Individual who 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-implemetation-and-assistance/tax-residency/

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

A. PARTICULARS OF ACCOUNT HOLDER(S)

Name (Full name as in NRIC/Passport)

Account Number

NRIC/Passport/Other Identification 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 Tax Resident (not required to complete Part II)   ☐ Malaysia and Non-Malaysia Tax Resident (please complete Part II)

☐ Non-Malaysia Tax Resident (please complete Part II)   ☐ No tax account, please provide reason: _____

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.)

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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