

Part III: Controlling Person of a Legal Person

Code	Controlling Person Category	Applicable Entity Type
CP801	Control by Ownership (>25%) <input type="checkbox"/>	Legal Person
CP802	Control by Other Means <input type="checkbox"/>	Legal Person
CP803	Senior Managing Official <input type="checkbox"/>	Legal Person

Controlling Person of a Trust

Code	Controlling Person Category	Applicable Entity Type
CP804	Settlor <input type="checkbox"/>	Trust
CP805	Trustee <input type="checkbox"/>	Trust
CP806	Protector <input type="checkbox"/>	Trust
CP807	Beneficiary <input type="checkbox"/>	Trust
CP808	Other (Control over a Trust) <input type="checkbox"/>	Trust

Controlling Person of a Legal Arrangement (Non-Trust)

Code	Controlling Person Category	Applicable Entity Type
CP809	Settlor-equivalent <input type="checkbox"/>	Legal Arrangement
CP810	Trustee-equivalent <input type="checkbox"/>	Legal Arrangement
CP811	Protector-equivalent <input type="checkbox"/>	Legal Arrangement
CP812	Beneficiary-equivalent <input type="checkbox"/>	Legal Arrangement
CP813	Beneficiary-equivalent <input type="checkbox"/>	Legal Arrangement

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: <input type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable	