

3. DETAILS OF RELATED PARTIES

1	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	
2	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	
3	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	
4	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	
5	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	

6	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	
7	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	
8	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	
9	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	
10	Name					
	I.C./Passport No.		Date of Birth		Nationality	
	Home Address					
	Relationship to Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				Bank Use - CIF Number	

4. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

Yes No Is the company incorporated, established, constituted, or organized in the United States of America or under the law of the United States of America or any state in the United States of America?

5. TAX RESIDENCE INFORMATION

Please complete the following indicating

- i) Which country the account holder is a tax resident
- ii) The account holder's Taxpayer Information Number (TIN) for each country indicated

Where a TIN is unavailable, please provide the appropriate reason A, B, C

Reason A – The country/jurisdiction where the account holder is resident does not issue TINs to its residents.

Reason B – The account holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

Reason C – No TIN required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

Country/Jurisdiction of Tax Residence	Tax Information Number (TIN)	If no TIN available, please enter either A, B or C	Explanation for Reason B selected
1			
2			
3			

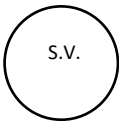
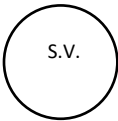
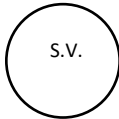
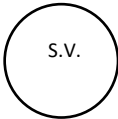
Entity Type

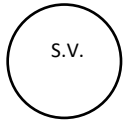
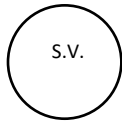
Please tick ONE of the following statements that best describes the Entity (**Note: not applicable to Sole Proprietorship**)

<input type="checkbox"/>		<p>(A) Financial Institution – Investment Entity</p> <p>(i) An investment entity located in a non-participating jurisdiction and managed by another financial institution</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Global Intermediary Identification Number (GIIN)</td> <td></td> </tr> <tr> <td>Name of Controlling Person(s)</td> <td></td> </tr> </table> <p>Controlling Person Tax Residency Self-Certification form for each controlling person is required</p> <p>(ii) Other investment entity</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Global Intermediary Identification Number (GIIN)</td> <td></td> </tr> </table>	Global Intermediary Identification Number (GIIN)		Name of Controlling Person(s)		Global Intermediary Identification Number (GIIN)	
Global Intermediary Identification Number (GIIN)								
Name of Controlling Person(s)								
Global Intermediary Identification Number (GIIN)								
<input type="checkbox"/>		<p>(B) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Global Intermediary Identification Number (GIIN)</td> <td></td> </tr> </table>	Global Intermediary Identification Number (GIIN)					
Global Intermediary Identification Number (GIIN)								
<input type="checkbox"/>		<p>(C) Active Non-Financial Entity (Active NFE) – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name of securities market</td> <td></td> </tr> <tr> <td>For related entities, name of the corporation that the entity is related to</td> <td></td> </tr> </table>	Name of securities market		For related entities, name of the corporation that the entity is related to			
Name of securities market								
For related entities, name of the corporation that the entity is related to								

<input type="checkbox"/>	(D) Active NFE – a Government Entity or Central Bank		
<input type="checkbox"/>	(E) Active NFE – an International Organisation		
<input type="checkbox"/>	(F) Active NFE (others – for example, a start-up NFE or a non-profit NFE)		
<input type="checkbox"/>	(G) The Entity is a Passive Non-Financial Entity (Passive NFE)		
	<table border="1"> <tr> <td>Name of Controlling Person(s)</td> <td></td> </tr> </table> <p>Controlling Person Tax Residency Self-Certification form for each controlling person is required</p>	Name of Controlling Person(s)	
Name of Controlling Person(s)			

6. ADDITIONAL INFORMATION			
Source of Wealth <input type="checkbox"/> Business Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Rental <input type="checkbox"/> Other _____ (Please specify) (Tick (✓) ONE only)			
Country where majority of wealth was accumulated _____			
ASSETS - Other Accounts maintained at other Banks in Brunei or Overseas		LIABILITIES - Other Borrowing Relationships maintained with other Banks in Brunei or Overseas (Consolidated Loan Amount)	
Name of Bank or Country	Annual Turnover in each Account (BND)	Name of Bank or Country	Amount (BND)
1.		1.	
2.		2.	
3.		3.	

7. DECLARATION	
I /We confirm that the information on the Corporate Customer Information form is true and correct.	
I /We acknowledge that the information contained in this form and information regarding the account holder and any reportable account(s) may be provided to the Revenue Division at the Ministry of Finance, Negara Brunei Darussalam, and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.	
I/We undertake to advise Baiduri Bank Berhad and its subsidiaries within 30 days of any change in circumstances which affects the tax residency status of the entity identified in Part D of this form or causes the information contained herein to become incorrect or incomplete, and to provide Baiduri Bank Berhad and its subsidiaries with a suitably updated self-certification and declaration within 30 days of such change in circumstances.	
 S.V.	 S.V.
Name Designation I.C. / Passport No. Contact No.	Name Designation I.C. / Passport No. Contact No.
 S.V.	 S.V.
Name Designation I.C. / Passport No. Contact No.	Name Designation I.C. / Passport No. Contact No.



Name

Designation

I.C. / Passport No.

Contact No.

Name

Designation

I.C. / Passport No.

Contact No.

BRANCH USE SECTION

AO Code				AO Name		
Caution List / SIRON KYC		Positive Match		Name & Initial		Branch Stamp
List Name	Date	Y	N	Original ID Sighted & Caution list / SIRON KYC Checked by		
Bankruptcy						
Litigation						
UCA				Confirmed by <i>(Supervisor and above)</i>		
BFB						
SIRON KYC						

Remarks & Approvals Obtained

CIF MAINTENANCE

BRANCH USE			OAD-CAD USE		
FLEXBRANCH	Name & Initial	Date		Name & Initial	Date
Inputted by			Inputted by		
Authorized by <i>(Supervisor and above)</i>			Authorized by <i>(Supervisor and above)</i>		
Master CIF			Reconciled by		
			EDD Update Date		