

3. DETAILS OF RELATED PARTIES

1	Name:										
	I.C./Passport No.:		Date of Birth:		Nationality:						
	Home Address:										
	Relationship to Company:				Bank Use - CIF Number						
<input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Other _____ (Please specify)				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>							
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4. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) SELF-CERTIFICATION

Yes No Is the entity incorporated, established, constituted, or organised 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 SELF-CERTIFICATION

Please complete the following table indicating:

(i) which country you are a resident for tax purposes (except for Brunei) and ii) your Taxpayer information number or functional equivalent (TIN) for each country indicated.

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

- **Reason A** –Country does not issue TINs to its residents.
- **Reason B** – Country issues TINs, but you are unable or required to obtain a TIN (please explain why you are unable or not required to obtain a TIN).
- **Reason C** – No TIN required. Country does not require TINs to be disclosed.

	Country of Tax Residence	Tax Information Number (TIN)	If no TIN available, indicate Reason A, B or C	Explanation for Reason B, if applicable
1				
2				
3				



Entity Type

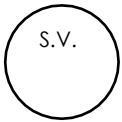
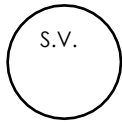
Please tick ONE of the following statements that best describes the Entity (**Note: Not applicable to Sole Proprietorship**)

<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%; border-collapse: collapse;"> <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 style="text-align: center;">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%; border-collapse: collapse;"> <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)	
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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%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Global Intermediary Identification Number (GIIN)</td> <td></td> </tr> </table>	Global Intermediary Identification Number (GIIN)					
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<input type="checkbox"/>	<p>(C) Active Non-Financial Entity (Active NFE) – a corporation of which the stock 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%; border-collapse: collapse;"> <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			
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<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) 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)	
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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	
Name of Bank or Country	Annual Turnover in each account (BND)	Name of Bank or Country	Consolidated loan amount (BND)
1.		1.	
2.		2.	
3.		3.	

7. DECLARATION	
<p>I/We confirm that the information on the Corporate Customer Information Form is true and correct.</p> <p>I/We acknowledge that the information contained in this form, as well as information regarding the account holder and any reportable account(s), may be provided to the Revenue Division at the Ministry of Finance and Economy, Negara Brunei Darussalam, and exchanged with tax authorities of other countries in which the account holder may be tax resident, pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I/We undertake to advise Baiduri Bank Sendirian Berhad and its subsidiaries within 30 days of any change in circumstances which affects the tax residency status of the entity identified in Section 5 of this form or causes the information contained herein to become incorrect or incomplete, and to provide Baiduri Bank Sendirian Berhad and its subsidiaries with a suitably updated self-certification and declaration within 30 days of such change in circumstances.</p> <p>I/We consent to the collection, use and disclosure of my/our personal information in accordance with the Group Privacy Policy. I/We confirm that I/we have read and agree to the terms of the Group Privacy Policy, as may be amended, supplemented and/or substituted by the Bank from time to time, a copy of which can be found on www.baiduri.com.</p>	
 <p>S.V.</p>	 <p>S.V.</p>
Name: Designation: I.C. / Passport No.: Contact No.:	Name: Designation: I.C. / Passport No.: Contact No.:



Name:

Designation:

I.C. / Passport No.:

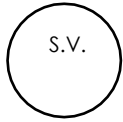
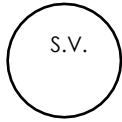
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Name:

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Contact No.:

Name:

Designation:

I.C. / Passport No.:

Contact No.:

BRANCH USE SECTION						
AO Code		AO Name				
Industry Code		Sector Code				
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 (Supervisor and above)		
BFB						
SIRON KYC						
Remarks & Approvals Obtained						
CIF MAINTENANCE						
BRANCH USE			OAD-CAD USE			
FLEXBRANCH	Name & Initial	Date		Name & Initial	Date	
Inputted by			Inputted by			
Authorised by (Supervisor and above)			Authorised by (Supervisor and above)			
Master CIF			Reconciled by			
			EDD Update Date			