

ENTITY		For Office Use Only					
CO. CIF NO. 1							
CO. CIF NO. 2 (IF APPLICABLE)							
CO. REG. NO.							

CRS CONTROLLING PERSON TAX-RESIDENCY SELF-CERTIFICATION FORM

Please Read These Instructions Before Completing the Form

Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulations 2017 requires Baiduri Bank Berhad and its subsidiaries to collect and report certain information about an account holder’s tax residence. Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are resident in the jurisdiction on the OECD automatic exchange of information portal at, www.oecd.org/tax/transparency/automaticexchangeofinformation.htm.

If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside Negara Brunei Darussalam, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the Revenue Division at the Ministry of Finance, Negara Brunei Darussalam, and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information. You can find summaries of defined terms such as an account holder, Controlling Person, and other terms, in the Appendix.

This form will remain valid unless there is a change in circumstances relating to information, such as the Controlling Person’s tax status or other mandatory field information, that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

This form is intended to request information consistent with local law requirements.

Please fill in this form if the account holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

For joint or multiple controlling persons use a separate form for each controlling person.

Where you need to self-certify on behalf of an entity account holder, do not use this form. Instead, you will need an *“Entity tax residency self-certification.”* Similarly, if you’re an individual account holder, sole trader or sole proprietor, then please complete an *“Individual tax residency self-certification.”*

If you’re filling in this form on behalf of a controlling person,

Please tell us in what capacity you’re signing in Part 4.

For example, you may be the Passive NFE Account Holder, or completing the form under a power of attorney.

As a financial institution, we are not allowed to give tax advice.

Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal.

Controlling Person tax residency self-certification FORM (please complete Parts 1-3 in BLOCK CAPITALS)

Part 1 – Identification of a Controlling Person

A. Name of Controlling Person:

Family Name or Surname(s): * _____
Title: _____
First or Given Name: * _____
Middle Name(s): _____

B. Current Residence Address:

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any) * _____
Line 2 (e.g. Town/City/Province/County/State) * _____
Country: * _____
Postal Code/ZIP Code (if any): * _____

C. Mailing Address: (please complete if Section B above not completed)

Line 1 (e.g. House/Apt/Suite Name, Number, Street) _____
Line 2 (e.g. Town/City/Province/County/State) _____
Country: _____
Postal Code/ZIP code: _____

D. Date of birth* (dd/mm/yyyy)

E. Place of birth

Town or City of Birth * _____
Country of Birth * _____

F. Please enter the legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person

Legal name of **Entity 1** _____
Legal name of **Entity 2** _____
Legal name of **Entity 3** _____

Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent* (“TIN”) (See Appendix)

Please complete the following table indicating (i) where the Controlling Person is tax resident; (ii) the Controlling Person’s TIN for each country/jurisdiction indicated; and, (iii) if the Controlling Person is a tax resident in a country/jurisdiction that is a Reportable Jurisdiction(s) then please also complete **Part 3 “Type of Controlling Person”**. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

(You can also find out more about whether a country/jurisdiction is a Reportable Jurisdiction on the [OECD automatic exchange of information portal](#)).

If the Controlling Person is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a TIN is unavailable please provide the appropriate reason **A, B** or **C**:

Reason A - The country/jurisdiction where the Controlling Person 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 is 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	TIN	If no TIN available enter Reason A, B or C
1		
2		
3		

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

Part 3 – Type of Controlling Person

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Person’s Status by ticking the appropriate box.	Entity 1	Entity 2	Entity 3
a. Controlling Person of a legal person – <i>control by ownership</i>			
b. Controlling Person of a legal person – <i>control by other means</i>			
c. Controlling Person of a legal person – <i>senior managing official</i>			
d. Controlling Person of a trust – <i>settlor</i>			
e. Controlling Person of a trust – <i>trustee</i>			
f. Controlling Person of a trust – <i>protector</i>			
g. Controlling Person of a trust – <i>beneficiary</i>			
h. Controlling Person of a trust – <i>other</i>			
i. Controlling Person of a legal arrangement (non-trust) – <i>settlor-equivalent</i>			
j. Controlling Person of a legal arrangement (non-trust) – <i>trustee-equivalent</i>			
k. Controlling Person of a legal arrangement (non-trust) – <i>protector-equivalent</i>			
l. Controlling Person of a legal arrangement (non-trust) – <i>beneficiary-equivalent</i>			
m. Controlling Person of a legal arrangement (non-trust) – <i>other-equivalent</i>			

Part 4 – Declarations and Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with Baiduri Bank Berhad and its subsidiaries setting out how Baiduri Bank Berhad and its subsidiaries may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which [I/the Controlling Person] may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the Entity Account Holder to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I 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 individual identified in Part 1 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.

Signature: *

Print name: *

Date: *

Note: If you are not the Controlling Person please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Capacity: *
