Bangkok Bank

Global FATCA and CRS Self-Certification Form for Non-Individuals

Instructions for Non-Individuals – FATCA & CRS

Please read these instructions carefully before completing the form.

Why are you asked to complete this form?

Bangkok Bank Berhad is committed to the U.S. Foreign Account Tax Compliance Act (FATCA) and the Organization of Economic Cooperation and Development (OECD)'s Common Reporting Standard (CRS) to collect certain tax-related information about our clients. Where the account holder or any of its controlling persons is a US person or tax resident in a participating jurisdiction, BBB is legally required to report the information in this form and other financial information relating to the client's financial accounts held with BBB to the appropriate tax authorities.

Completing this form will ensure that BBB holds accurate and up to date information about the clients' tax residency

Who should complete the FATCA & CRS Self-Certification Form for Non-Individuals?

This form is for entities (including all businesses, trusts and partnerships except sole traders) or if another entity or natural person needs to self-certify on behalf of an entity. For joint or multiple account holders, please use a separate form for each entity account holder.

If completing this form on behalf of someone else, please indicate the capacity (custodian, nominee, executor, under power of attorney, etc.) upon signing the form.

Where can you go in case you have any questions?

Please note that BBB is not allowed to provide any tax advisory services. Please contact your tax, legal and/or other professional advisor if there remains any question about how to complete this form or how to determineyour tax residence status.

You can also visit the following websites for further information:

- Regarding FATCA, https://www.irs.gov/businesses/corporations/foreign-account-tax-compliance-act-fatca
- Regarding OECD – CRS, http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/

Date:	

Please complete this form with true and correct information. If you are uncertain about how to specify your company/organization's status, please consult your tax advisor.

Applicant Name: (Legal Name of Entity/Branch):

Juristic Person's Registration Number/Company Registration Number:

Country of Incorporation or Organization:	Country of Operation:	
Current Residence Address:	Country:	Postal/ZIP code:
Correspondence Address: (If different to above address)	Country:	Postal/ZIP code:

Section 1: Status of Applicant for FATCA

A. Please check the appropriate boxes corresponding to your status

☐ **A1. U.S. Entity**

Please complete Form W-9

☐ **A2. Non-U.S. Entity**

☐ **(I) Non-Financial Foreign Entity (NFFE)**

Please specify **(1)** or **(2)**

☐ (1) **Active Non-Financial Foreign Entity**

(A NFFE of which at least 50% of its gross income is derived from its general business activities.)

☐ (2) **Passive Non-Financial Foreign Entity** Please provide information in Section 1 Part B.

(A NFFE of which at least 50% of its gross income is derived from dividends, interest, royalties, annuities, rent and the like.)

☐ **(II) Exempt Beneficial Owner**

(For Example: Foreign Government, Central Bank, International Organization, Retirement Fund)

Please specify your status _____

☐ **(III) Foreign Financial Institution (FFI)**

Please specify FFI status _____

Please provide information in Section 1 Part C.

☐ **A3. Others**

Please specify your status _____

B. Substantial U.S. Owner(s) or U.S. Controlling Person(s)

☐ The following are the information of Substantial U.S. Owner(s) or U.S. Controlling Person(s):

Name	Residence Address Information	TIN	Percentage Ownerships

Please note that for Passive NFFEs, it is also required to aggregate the ownership values of any "related parties" to determine whether the ownership threshold is met. "Related parties" in FATCA terms (Treas. Reg. § 1.1473-1(b)(2)(v). Reg. § 1.267(c)-1(a)(4)), means a person's family which includes: brothers and sisters, spouse, ancestors and lineal descendants. Legal adoption is also included. "Ancestors" includes parents and grandparents, and the "lineal descendants" includes children and grandchildren. Additionally, family includes spouses of any of the family members.

☐ The is no Substantial U.S. Owner(s) or U.S. Controlling Person(s)

C. Global Intermediary Identification Number (GIIN)

If your organization has a GIIN, please provide:				

If you are a Sponsored FFI without GIIN, please provide the name and GIIN of the Sponsoring FFI below:

Name of Sponsoring FFI:				
GIIN of Sponsoring FFI:				

Section 2: Status of Applicant or CRS

A. Please check the appropriate boxes corresponding to your entity type

Financial Institution (FI)

Please provide the Account Holder's Status by ticking one of the following boxes from A1 to A7.

A1. Financial Institution – Investment Entity:

☐ **A1.1 Investment Entity** located in a non-participating jurisdiction and managed by another financial institution (If you ticked A1.1, please also complete "C. Controlling Person(s)" below)

☐ **A1.2 Other Investment Entity**

☐ **A2. Financial Institution – Depository, Custodial Institution or Specified Insurance Company**

Non-Financial Entity (NFE)

☐ **A3. Active NFE – A corporation that is regularly and publicly traded on an established securities market**

or a related entity of such a corporation (If you have ticked A3, please continue in this sub-section)

(I) Please provide the name of the established securities market on which the corporation is regularly traded:

_____

(II) If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in A3 is a Related Entity of:

_____

☐ **A4. Active NFE – A Governmental Entity or Central Bank**

☐ **A5. Active NFE – An International Organization**

☐ **A6. Other Active NFE** (e.g. a startup NFE or a non-profit NFE)

☐ **A7. Passive NFE – A NFE that is not an Active NFE**

(If you have ticked A7, please complete "C. Controlling Person(s)" below)

B. Country of Residence for Tax Purposes and Related TIN

Please complete the following table indicating (i) where the Account Holder is a tax resident and (ii) the Account Holder's TIN for each country indicated.

If the Account Holder is not a tax resident in any jurisdiction, (e.g. because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal is located.

If the Account Holder is a tax resident in more than three countries, please use a separate sheet.

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

Reason A – The country where I am liable to tax 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 authorities of the country of tax residence entered below do not require the TIN to be disclosed)

Country of Tax Residence 1:	TIN 1:	Reason A, B or C if no TIN available:
Country of Tax Residence 2: (if any)	TIN 2: (if any)	Reason A, B or C if no TIN available:
Country of Tax Residence 3: (if any)	TIN 3: (if any)	Reason A, B or C if no TIN available:

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

1.

2.

3.

C. Controlling Person(s) (To be completed by the authorized persons filing this form or by all controlling persons if you ticked Section 2: A1.1 or A7 above)

Controlling Persons are defined as natural persons and exercise control over the entity or the shareholders of the entity based on local Anti-Money Laundering (AML) requirements. Where that entity is treated as a Passive NFE or an Investment Entity located in a non-participating jurisdiction and managed by another financial institution, BBB is required to determine whether such entities' controlling persons are reportable persons.

Please continue on a separate sheet if necessary, signing, dating and attaching the sheet to this form.

	Controlling Person	Controlling Person	Controlling Person
Name:			
Date of Birth: (DD/MM/YYYY)			
City and Country of Birth			
Current Residence Address:			
Country and postal/ZIP code:			

Correspondence Address: (if different to above address)			
Country and postal/ZIP code:			
Country of Tax Residence 1:			
TIN 1:			
Please provide explanation if no TIN is available:			
Country of Tax Residence 2:			
TIN 2:			
Please provide explanation if no TIN is available:			
Country of Tax Residence 3:			
TIN 3:			
Please provide explanation if no TIN is available:			
(%) Ownership:			

Section 3: Declaration and Signature

I certify that I am authorized to sign for the Account Holder in respect of all the account(s) to which this form relates.

I understand that the information supplied by me is covered by the full provision of the terms and conditions governing the Account Holder's relationship with BBB setting out how BBB may use and share the information supplied.

I acknowledge that the information contained in this form and information regarding the Account Holder (and the Controlling Person if any) and any Reportable Account(s) shall be reported to any relevant tax authority, including the tax authorities of the country in which this account(s) is maintained, and exchanged with tax authorities of another country or countries in which the Account Holder (and the Controlling Person if any) may be resident for tax purposes pursuant to bilateral or multilateral agreement among governments to exchange financial account information. Subject to applicable local laws, I irrevocably authorize BBB to share my information with domestic or overseas regulators or tax authorities.

I DECLARE THAT ALL STATEMENTS MADE IN THIS DECLARAION ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, CORRECT AND COMPLETE.

I agree to advise within 30 days of any change in circumstances which affects the tax residency status of the Applicant to which this form relates or causes the information contained herein to become incorrect. In addition, I agree to provide BBB with a suitably updated self-certification within 90 days of such change in circumstances.

This form is a legal document. Provision of untrue statements on this form is unlawful within the meaning of Part X, Section 143 of the Malaysia Financial Services Act 2013

Signature of Authorized Person(s):

Signature of Authorized Person 1:	**Name in Print:**	**Date: (DD/MM/YYYY)**
Signature of Authorized Person 2:	**Name in Print:**	**Date: (DD/MM/YYYY)**
Signature of Authorized Person 3:	**Name in Print:**	**Date: (DD/MM/YYYY)**

Note: If you are not the Account Holder, 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:
(custodian/nominee/executor/power of attorney, etc.)