



## CRS/FATCA Self-Certification Form for controlling person - Entity Annex

This section is to be completed for each Controlling Person of a Passive NFE. Use a separate Entity Annex for each Controlling Person. Please complete Parts I to III in BLOCK LETTERS.

### Part 1: Identification of a Controlling Person

A) Name of the controlling person	Title				
	Surname(s)				
	First or Given Name				
	Middle Name(s)				
B) Date of Birth	D	M	Y		
C) Place of Birth	Town or City of Birth				
	Country of Birth				
D) Current Residence Address	Address Line 1:				
	Address Line 2:				
	City/Town:				
	Province/State/County:				
	Postal Code/ZIP Code:				
	Country:				
E) Mailing Address (complete only if different from Section D)	Address Line 1:				
	Address Line 2:				
	City/Town:				
	Province/State/County:				
	Postal Code/ZIP Code:				
	Country:				
Do you hold US citizenship/Nationality?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please provide your:	TIN:	Passport Number (optional)

Continue on next page

## Part 2: Tax Residence Information of a Controlling Person

Please complete the following table indicating:

- Where the Controlling Person is a resident for tax purposes;
- The Controlling Person's Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each Country indicated.

If the Controlling Person is a resident for tax purposes of more than three countries, please use a separate sheet.

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

- **Reason A:** The country where the Controlling Person is liable to pay tax does not issue TINs to its residents
- **Reason B:** The Controlling Person is otherwise unable to obtain a TIN (please explain why Controlling Person is 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 residence for tax purposes entered below do not require the TIN to be disclosed)

More details are available in the Instructions to this Form.

No.	Country of residence for tax purposes	TIN	If no TIN is available enter Reason A, B or C
1			
2			
3			

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1	
2	
3	

## Part 3: Type of Controlling Person (Please provide the Controlling Person's status by ticking the appropriate box)

Controlling Person of a Legal Person	Control by ownership	<input type="checkbox"/>	Control by other means	<input type="checkbox"/>	Senior managing official	<input type="checkbox"/>		
	Controlling Person of a Trust	Settlor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	Protector	<input type="checkbox"/>	Beneficiary
	Other	<input type="checkbox"/>						
Controlling Person of a Legal Arrangement (Non-Trust)	Settlor-equivalent	<input type="checkbox"/>	Trustee-equivalent	<input type="checkbox"/>	Protector-equivalent	<input type="checkbox"/>	Beneficiary-equivalent	<input type="checkbox"/>
	Other-equivalent	<input type="checkbox"/>						

# CRS Self Certification Form - Entity Annex

## Part 4 – Declaration

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

2 I undertake to advise The Commercial Bank (P.S.Q.C) of any change of circumstance that affects the tax residence status of the controlling person or causes the information provided within this form to become incorrect or incomplete within 30 days of its occurrence and to provide The Commercial Bank (P.S.Q.C.) with a suitably updated self-certification and Declaration form within 30 days

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 The Commercial Bank (P.S.Q.C.) setting out how The Commercial Bank (P.S.Q.C) may use and share the information supplied by me.

3 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.

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

Signature		Date	DD   MM   YYY   YY
Print Name (first, last)			
Capacity (If signing on behalf of Account Holder. For POA holders, kindly provide a certified copy of the POA)			
Officer Name (first,last):		Position of the Officer:	