



CITY CREDIT

City Credit Investment Bank Limited
Licensed Labuan Investment Bank: 020081BI
Company No.: LL03394

Self-Certification Form – Controlling Person [Applicable to Automatic Exchange of Financial Account Information (“AEOI”)]

Controlling Person Information

Name: _____ CR No./Account No. _____
(if applicable): _____

A. Certification of Account Status

Please complete the following information for controlling person. Please note that each controlling person is required to complete a separate self-certification form.

- Important Notes:
- ✧ This is a self-certification form provided by a controlling person to City Credit Investment Bank Limited (“CCIBL”) for the purpose of automatic exchange of financial account information. The data collected may be transmitted by CCIBL to the Inland Revenue Board of Malaysia for transfer to the tax authority of another jurisdiction.
 - ✧ A controlling person should report all changes in its tax residency status to CCIBL as soon as practicable.
 - ✧ All parts of the form must be completed (except for those not applicable or otherwise specified). If there is not enough space, you may provide your information on additional sheet(s). Information in fields/parts marked with an asterisk (*) are required to be reported by CCIBL to the Inland Revenue Board of Malaysia.

Part 1. Identification of Controlling Person

Name*:	Chinese:	Gender:	Date of Birth*:		
	English/Pinyin:		(DD)	(MM)	(YY)
Passport/ID Type and No.:	Type: No.:	Nationality:			
Place of Birth:	Town or City of Birth*: Country of Birth*:				
Home Address*:	English:	Postal Code:			
Correspondence Address <i>(If different to above)</i>	English:	Postal Code:			



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Part 2. The Entity Account Holder(s) of which you are a controlling person

Enter the name and CR No./Account No. of the entity account holder of which you are a controlling person.

Entity	Name of the Entity Account Holder	CR No./Account No. of the Entity Account Holder
(1)		
(2)		
(3)		

Part 3. Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) *

Complete the following table indicating (a) the jurisdiction of residence (including Malaysia) where the controlling person is a **resident for tax purposes** and (b) the controlling person’s TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) the jurisdictions of residence.

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

Reason A –The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.

Reason B – The controlling person is unable to obtain a TIN. Explain why the controlling person is unable to obtain a TIN if you have selected this reason.

Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

Jurisdiction of Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why the controlling person is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			



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Part 4. Type of Controlling Person

Tick the appropriate box(es) to indicate the type of controlling person for each entity stated in Part 2.

Type of Entity	Type of Controlling Person	Entity (1)	Entity (2)	Entity (3)
Legal Person	Individual who has a controlling ownership interest (i.e. not less than 10% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 10% of voting rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	Legal Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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B. Declarations and Signature

I acknowledge and agree that (i) the information contained in this form is collected and may be kept by CCIBL for the purpose of automatic exchange of financial account information, and (ii) such information and information regarding the controlling person and any reportable account(s) may be reported by CCIBL to the Inland Revenue Board of Malaysia and exchanged with tax authorities of another jurisdiction or jurisdictions in which the controlling person may be resident for tax purposes pursuant to the legal provisions for exchange of financial account information provided under the Income Tax (Automatic Exchange of Financial Account Information) Rules 2016.

I certify that I am the controlling person of all the account(s) held by the entity account holder(s) to which this form relates.

I undertake to advise CCIBL 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, and to provide CCIBL with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

Signature of controlling person

Date (DD/MM/YYYY)

Name of controlling person

WARNING:

It is an offence under Income Tax (Automatic Exchange of Financial Account Information) Rules 2016 if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine of not less than twenty thousand ringgit (RM20,000.00) and not more than one hundred thousand ringgit (RM100,000.00) or to imprisonment for a term not exceeding six months or to both.

Please complete this self-certification form carefully. Please refer to the information on the website of Inland Revenue Board of Malaysia <http://www.hasil.gov.my/> or the website of OECD <http://www.oecd.org/tax/automatic-exchange/> or US IRS website <http://www.irs.gov/> and consult your tax, legal and/or other professional advisers if you have any question on or in relation to AEOL, FATCA, any of the U.S. IRS form (including which U.S. IRS form to complete and submit) or this self-certification form.

<i>For Official Use Only</i>				
<i>Signature Verified By:</i>	<i>Tax Residence</i>	<i>TIN</i>	<i>Add</i>	<i>Update</i>
	1. _____	1. _____	1. <input type="checkbox"/>	<input type="checkbox"/>
	2. _____	2. _____	2. <input type="checkbox"/>	<input type="checkbox"/>
	3. _____	3. _____	3. <input type="checkbox"/>	<input type="checkbox"/>
	4. _____	4. _____	4. <input type="checkbox"/>	<input type="checkbox"/>
	5. _____	5. _____	5. <input type="checkbox"/>	<input type="checkbox"/>