

To: MUFG Bank, Ltd.

Date: _____

Supplementary/ Notice of Alteration:
Customer Information for Person with Japan Tax Residency (Personal)

Note:

1. For Individual with Japan tax residency only, each applicant must complete a separate form.
2. Each Controlling Person* for your bank account must complete a separate form.
3. Please tick '✓' if applicable:
 - New Account (please complete Part 1 only)
 - Alteration (please complete Part 1 and 2)
4. Please tick '✓' if applicable:
 - Account Holder (for Individual)
 - Authorized Signatory/ Power of Attorney (for Controlling Person)*

Part 1 Account Holder Details

- (1) Title (Mr./ Mrs./ Miss/ Ms.): _____
- (2) Full Name in English:
- First Name: _____
- Last Name/ Surname: _____
- (3) Type of Account(s) Concerned: _____
- (4) Japan Individual Number (My Number) (12-digit): _____

Part 2 Alteration

I hereby request your bank to amend the record of my account(s) mentioned below by inserting the following change(s) with effect from _____ (day/ month/ year).

After Change:

- (5) Japan Individual Number (My Number) (12-digit): _____
- (6) Reason for Change: _____

Important Notes:

This is part of self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.

An account holder should report all changes in his/her tax residency status to the reporting financial institution.

* The term "Controlling Persons" means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor(s), the trustee(s), the protector(s) or enforcer(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.

1. I hereby confirm the information provided above is true, accurate and complete. I also undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.
2. Subject to applicable local laws, I hereby consent for MUFG Bank, Ltd. or any of its affiliates (including branches) (collectively “the Bank”) to share my information with domestic and overseas regulators or tax authorities where necessary to establish any tax liabilities in such jurisdiction pursuant to orders, agreements with regulators or authorities or otherwise.
3. Where I do not provide the Bank with information or documents the Bank may need, the Bank has the right to: (i) withhold a portion of payments, including interest, paid to me as required by any authority or otherwise required by law or regulation or pursuant to any agreement made by the Bank with any regulator or any authority; or (ii) close my account, and/ or terminate the related services.
4. The Bank will not be liable to me for any loss I may suffer as a result of the Bank complying with legislation(s) or agreement(s) with local or overseas authorities, unless that loss is caused by the Bank’s gross negligence, willful default or fraud.
5. I acknowledge and agree that the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and such information and information regarding the account holder and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).
6. I certify that I am the account holder / I am authorized to sign for the account holder # of all the account(s) to which this form relates.
7. **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 _____
 Name _____
 Capacity _____
 Date (dd/mm/yyyy) _____

(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.)

Please indicate your selection with

For Bank Use Only (A: Customer Information)

Account No.:
 Customer No.:
 Remark:

Marketing Dept.		ICOP (DD Team)		
Dept Head	Manager and/or A/C Officer	Manager	Checker	Maker