

To: MUFG Bank, Ltd.

Date: _____

Common Reporting Standard (“CRS”)
Self-Certification Form – Controlling Person

Important Notes:

- This is a self-certification form provided by a controlling person to the Bank for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Bank to the Inland Revenue Department of the Government of the Hong Kong Special Administration Region for transfer to the tax authorities of another jurisdiction. A controlling person should report all changes in his/her tax residency status to the Bank.
- Information in fields/parts marked with an asterisk (*) are required to be reported by the Bank to the Inland Revenue Department.

Part 1 Identification of Controlling Person

(1) Name of Controlling Person

Title (e.g. Mr, Mrs, Ms, Miss) _____

Last Name or Surname * _____

First or Given Name * _____

Middle Name(s) _____

(2) Hong Kong Identity Card or Passport Number _____

(3) Current Residence Address

Line 1 (e.g. Room, Floor, Building, Street, District) _____

Line 2 (City) * _____

Line 3 (e.g. Province, State) _____

Country * _____

Postal Code/ZIP Code _____

(4) Mailing Address (Please only complete if different to the current residence address)

Line 1 (e.g. Room, Floor, Building, Street, District) _____

Line 2 (City) * _____

Line 3 (e.g. Province, State) _____

Country * _____

Postal Code/ZIP Code _____

(5) Date of Birth * (dd/mm/yyyy) _____

(6) Place of Birth (Not compulsory)

Town/City _____

Province/State _____

Country _____

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

Enter the name of the entity account holder of which you are a controlling person.

Entity	Name of the Entity Account Holder
(1)	
(2)	
(3)	

Part 3 Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”) *

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) 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 the controlling person is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.

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.

Controlling person may find more information under below link for determining the tax residency.

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

Jurisdiction of Residence (For JAPAN, please refer to note §)	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)			

Note §: For JAPAN Tax Residency, please provide Japan Individual Number (My Number) separately by the Bank form “CRS Supplementary Notice of Alteration Customer information for person with Japan Tax Residency (Personal)” (CRS-004).

Part 4 Type of Controlling Person

Tick the appropriate box 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 25% 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 25% 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	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector or enforcer	<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 or enforcer/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 or enforcer	<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 or enforcer/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5 Declarations and Signature

I acknowledge and agree that (i) 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 (ii) such information and information regarding the controlling person 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 controlling person 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).

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

I undertake to advise MUFG Bank, Ltd. Hong Kong Branch 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 MUFG Bank, Ltd. Hong Kong Branch 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 _____
 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

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance 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 at level 3 (i.e. \$10,000).

Note:

Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (the CRS”), the associated Commentary to the CRS, and domestic guidance under below link.

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

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 C	hecker	Maker

**Please fill in “CRS Due Diligence Form (Individual, Controlling Person, Sole Proprietorship)” CRS-011