

To : MUFG Bank, Ltd. (the “Bank”)

Date _____

DECLARATION OF NON US/ US PERSON STATUS & FATCA CLASSIFICATION

Part A Customer Information

Account Name : _____

Customer Number (for Bank use only): _____

Disclaimer: MUFG Bank does not provide tax advice and you should seek guidance from an independent tax adviser regarding your tax obligation for any uncertainty.

Part B For Individual customer

Please ✓ Yes or No for the following questions¹.

	YES	NO
Are you born in United States or a U.S. territory ² ?	<input type="checkbox"/> (IRS form is required) ³	<input type="checkbox"/>
Are you a US citizen (sole or multiple citizenship)?	<input type="checkbox"/> (IRS form is required) ⁵	<input type="checkbox"/>
Are you a US Permanent Resident (a US Green Card Holder)?		<input type="checkbox"/>
Are you a US resident who meets “Substantial Presence Test” ⁴ ?		<input type="checkbox"/>
Are you subject to US income tax for any other reason?		<input type="checkbox"/>

Part C For Corporate customer

Please ✓ Yes or No (or whichever applicable) for the following questions and provide the total number if necessary¹.

C-1: US status	YES	NO
1. Is your company a US entity? (including any change of the company status to a US entity as a result of a merger or split of companies)	<input type="checkbox"/>	<input type="checkbox"/>

C-2: FATCA entity classifications
<input type="checkbox"/> Participating Foreign Financial Institution (PFFI) - Please provide your Global Intermediary Identification Number (GIIN) number: _____
<input type="checkbox"/> Non Financial Foreign Entity (NFFE). <input type="checkbox"/> Passive NFFE <input type="checkbox"/> Active NFFE / Publicly traded NFFE / NFFE affiliate of a publicly traded corporation (Please complete Branch Form No. FATCA-008 or the Internal Revenue Service (‘IRS’) Form W-8BEN-E.) <input type="checkbox"/> # Other NFFE (e.g. Non-profit organization), please specify: _____
<input type="checkbox"/> # Other FATCA entity classification stated in IRS Form W-8, please specify: _____
<input type="checkbox"/> # Other from above, please specify: _____
(# Additional self-certification by IRS Form W-8BEN-E or other format may be necessary.)

C-3: UBO information	YES	NO
1. Any UBO ⁶ (with more than 10% direct or indirect shareholding) is a US person ⁷ ?	<input type="checkbox"/> ⁸ (Total No.: _____)	<input type="checkbox"/>
2. Any UBO (with more than 10% direct or indirect shareholding) is not a US person but having US related information (including US place of birth, US residence address/ mailing address or US telephone number)?	<input type="checkbox"/> ⁹ (Total No.: _____)	<input type="checkbox"/>

- 1 Kindly notify the Bank within 30 calendar days if there is any change of status.
- 2 US territories: American Samoa, Guam, Guantanamo Bay (Cuba), Midway Islands, Northern Mariana Islands, Puerto Rico, US Minor Outlying islands, Virgin Islands (US), Wake Island.
- 3 Please submit IRS Form e.g. W-9 and applicable supplementary documents if 'YES' is selected, provided that you have not submitted the Form to the Bank.
- 4 Refer to IRS website for the details of Substantial Presence Test (<https://www.irs.gov/individuals/international-taxpayers/substantial-presence-test>)
- 5 Please submit IRS Form e.g. W-8/W-9 if 'YES' is selected, provided that you have not submitted the Form to the Bank.
- 6 "UBO" means Ultimate Beneficial Owner.
- 7 "US Person" means:
 - i. A citizen, green card holder or resident of the US,
 - ii. A domestic partnership, i.e. in the US,
 - iii. A domestic corporation, i.e. in the US,
 - iv. Any estate other than a foreign estate,
 - v. Any trust controlled by one or more US persons, or primarily supervised by a US court,
 - vi. The United States government,
 - vii. A State in the US,
 - viii. The District of Columbia.
- 8 Please state the total number of the UBO(s) under this category and submit IRS Form W-9 for each of them, provided that the UBO has not submitted the Form to the Bank.
- 9 Please state the total number of the UBO(s) under this category and please submit IRS Form W-8 or other appropriate forms for each of them, provided that the UBO has not submitted the Form to the Bank.

Authorized Signature(s)
(with rubber stamp if there is any)

FOR BANK USE ONLY (A: Customer Information)

Is there any update of customer's status? (Please tick "✓" as appropriate)

- YES → Please fill in the "Checklist of FATCA Due Diligence Assessment Form (For Preexisting Corporate Customer)" or "Checklist of FATCA Due Diligence Assessment Form (For Preexisting Individual Customer)" as well.
- NO

SAGM	DH/MGR	Maker

Remarks: _____