

### Self-Certification Form for Entities

Effective 1<sup>st</sup> January 2017, common reporting standards (“CRS”) regulation requires financial institutions such as Mashreqbank psc or any of its affiliates (“the Bank” or “We”), to collect and report certain information about the Bank’s customer’s current tax residency, account information and information about its controlling persons, as mandated by the concerned UAE authority.

Please note that the Bank’s staff is unable to assist the customer in the completion of this form. For more information, you may visit the OECD’s website or speak to a professional tax advisor/consultant.

#### Section I: Entity Details

Full legal name of entity/branch: ..... CIF#: .....

#### Section II: Entity Type

| Part 1 (please tick any one of the below mentioned entity types)  | Complete                 |
|---|--------------------------|
| <b>a) Active NFE (Non-Financial Entity)</b>   |                          |
| i. a corporation, the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such corporation. Name of the established securities market or a corporation: _____<br>ii. a Government Entity or Central Bank<br>iii. an International Organization | <input type="checkbox"/> |
| iv. any other type of Active NFE, other than those listed in (a)(i)-(a)(iii) (for example, a start-up NFE or a non-profit NFE)  | <input type="checkbox"/> |
| <b>b) Passive NFE (Non-Financial Entity)</b>  | <input type="checkbox"/> |
| <b>c) Financial Institution</b>   |                          |
| i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another financial institution  | <input type="checkbox"/> |
| ii. Depository Institution, Custodial Institution, Specified Insurance Company or Other Investment Entity   | <input type="checkbox"/> |

|      | Part 2 - Name(s) of any Controlling Person of the Entity (Please use separate sheet, if required) | Controlling Person Self-Certification Form Completed |
|------|---|--|
| i.   |   | <input type="checkbox"/>                             |
| ii.  |   | <input type="checkbox"/>                             |
| iii. |   | <input type="checkbox"/>                             |
| iv.  |   | <input type="checkbox"/>                             |
| v.   |   | <input type="checkbox"/>                             |
| vi.  |   | <input type="checkbox"/>                             |

#### Section III: Entity Tax Residency

If the entity is not a tax resident in any country/jurisdiction (e.g. fiscally transparent), please provide the place of effective management or jurisdiction in which its principal office is located.

If the entity is a tax resident in more than three countries/jurisdictions, 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 entity is liable to pay tax, does not issue TINs to its tax residents;
- **Reason B** - The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason); and/or
- **Reason C** - The domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.

|   | Country/Jurisdiction of tax residence | TIN or Equivalent Tax Number | If no TIN is available, please enter Reason A, B or C |
|---|---------------------------------------|------------------------------|---|
| 1 |                                       |                              |   |
| 2 |                                       |                              |   |
| 3 |                                       |                              |   |

Please explain in the following boxes why you are unable to obtain a TIN if you selected reason B above.

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |

**Section IV: Declaration**

The customer hereby certifies and confirms that:

- information provided in this form is true, correct and complete in all respects;
- information has been provided willingly, without advice or help from the Bank;
- if any information / tax status provided on this form changes, the Customer will inform the Bank within 30 days of such a change and
- the Bank can process, report and transfer information contained within this form, and our financial affairs, as mandated by the concerned UAE authority.

**Note:** If you are completing this form on behalf of the customer, please ensure that you let them know that you have done so and tell us in what capacity you are signing, along with a supporting documents. For example, you may be a representative of the customer, or maybe completing the form under a power of attorney.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Capacity: \_\_\_\_\_

Capacity: \_\_\_\_\_