

### CRS Controlling Person Self-Certification Form

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 Person(s), 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.

“Controlling Person” means a natural person who exercises control over an entity/trust/non-trust.

#### Section I: Identification of a Controlling Person

**Name of Controlling Person:** .....

**Date of birth (DD/MM/YYYY):** .....

**Place of birth (city and country):** .....

**Complete current residence address:** .....

**Mailing address:** .....

#### Section II: Tax Residency

If the Controlling Person 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 Controlling Person is liable to pay tax, does not issue TINs to its tax residents
- **Reason B** - The Controlling Person 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)
- **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 III: Details of Controlling Person\*(Please only complete this section if you are a tax resident in one or more reportable jurisdictions)

Please enter the name of the other entities where you are a Controlling Person

Legal name of **Entity 1** ..... Legal name of **Entity 4** .....

Legal name of **Entity 2** ..... Legal name of **Entity 5** .....

Legal name of **Entity 3** ..... Legal name of **Entity 6** .....

Please tick the appropriate Controlling Person's Status		Entity 1	Entity 2	Entity 3	Entity 4	Entity 5	Entity 6
<b>Controlling Person of a legal entity</b>							
a	Control by ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Control by other means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Senior managing official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Controlling Person of a trust</b>							
d	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Controlling Person of a legal arrangement (non-trust)</b>							
i	Settlor-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Trustee-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Protector-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Beneficiary-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Other-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### **Section IV: Declaration**

The Controlling Person understands that the information supplied is covered by the full provisions of the terms and conditions governing the account holder's relationship with the Bank or any of its affiliates, setting out how the Bank or any of its affiliates may use and share the information provided in this form.

The Controlling Person 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 Controlling Person 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 entity, 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 document. For example, you may be a representative of the entity, or may be completing this form under a power of attorney.**

Name: .....

Signature: .....

Date (dd/mm/yy): .....

Capacity: .....