Version: April 2023



FOR BANK USE ONLY											
Date	DD / MM / YYYY				BR	RN					
Account No.											

## **Entity Tax Residency Self-Certification Form Common Reporting Standard (CRS)**

## **CUSTOMER INSTRUCTIONS**

Please read these instructions carefully before completing the form.

All fields are mandatory to be filled. Please fill the form in BLOCK LETTERS.

If you have ticked 1(a)(i) or 1(h) above, then please:

(a) Indicate the name of any Controlling Person(s) of the Account Holder

(b) Complete "Self-Certification – Controlling Person" for each Controlling Person.

Introduct	IOI

Regulations based on the Organisation for Economic Co-operation and Development's ("OECD") Common Reporting Standard ("CRS") require Bank Saderat Iran ("BSI") to collect and report certain information about an account holder's tax residence. Each Jurisdiction has its own rules for defining tax residence, and Jurisdictions have provided information on how to determine if you are resident in the Jurisdiction on the on the website: http://www.oecd.org/tax/automatic-exchange/

This form is intended to request information consistent with local law requirements. As a financial institution, we are not allowed to give tax advice. For more information you may speak to a professional Tax Advisor/Consultant.

Note: Instructions and definitions, please refer to the "CRS - Summary Descriptions of Select Defined Terms" available on www.banksaderat.ae

identification of Account Holder	
Legal Name of Entity/Branch	
Country of Incorporation	
Entity Type	
Please provide the Account Holder's Status b	y ticking one of the following boxes.
Section 1	
<del></del>	ntity ed in a Non-Participating Jurisdiction and managed by another Financial Institution case also complete <b>Section 2</b> below)
(b) Financial Institution – Depository Ins	stitution, Custodial Institution or Specified Insurance Company
(c) Active NFE – a corporation the stock entity of such a corporation	k of which is regularly traded on an established securities market or a corporation which is a related
If you have ticked (c), please provide	e the name of the established securities market on which the corporation is regularly traded:
If you are a Related Entity of a reguin (c) is a Related Entity of:	larly traded corporation, please provide the name of the regularly traded corporation that the Entity
(d) Active NFE – a Government Entity or	· Central Bank
(e) Active NFE – an International Organi	sation
(f) Active NFE- Non-Profit Entity	
(g) Active NFE – other than listed above	from 1(c) to 1(f)
(h) Passive NFE (Note: if ticking this box	please also complete Section 2 below)
Section 2	

	Name of Control	ling Person	Na	tionality	% of shareholding (if the controlling person is a shareholde			
1.					S Process			
2.								
3.								
4.								
Coun	try of Residence for Tax Purp	oses and rela	ted Taxpayer Identification N	umber or function	nal equivalent ("TIN"	<b>'</b> )		
1. A	re you a UAE resident for tax purp	ose?				_		
(*If	yes, kindly provide a valid trade lic	ense, registratio	n certificate issued by the relevant	UAE licensing author	ity)	No		
	complete the following table in /Reportable Jurisdiction indicated		ere the Account Holder is a tax i	resident and (ii) The	Account Holder's TIN	for eac		
			untries, please use a separate shee	t.				
	is unavailable, please provide the							
	<i>,</i> .		t Holder is resident does not issue					
	in the below table if you have sele		obtain a TIN or equivalent number ).	(Please explain why )	you are unable to obtain	ı a		
Reas	son C - No TIN is required. (Note.	Only select this	eason if the domestic law of the re	levant Jurisdiction do	oes not require the colle	ection		
of th	ne TIN issued by such Jurisdiction).	<u> </u>						
S.No.	Country/Jurisdiction of tax	residence	TIN	If no TIN	If no TIN available enter Reason A, B or			
1								
2								
3								
	Please explain in the f	ollowing boxes	why you are unable to obtain a TIN	I if you selected Reas	son "B" above.			
1								
2								
3								
Doclo	ration and Signature							
		his declaration a	re, to the best of my knowledge an	d belief correct and	complete			
			ngly, without advice or help from th		complete.			
■ I cor	dertake to submit a suitably upda			ances that affects the	e entity's tax residency	status c		
<ul><li>I cor</li><li>I und</li><li>whe</li></ul>	re any information contained here	in becomes inc	orrect.					
<ul><li>I cor</li><li>I und whe</li><li>I her</li></ul>	re any information contained here	ein becomes included all information	orrect. it holds about me or any of my cu					
<ul><li>I cor</li><li>I und whe</li><li>I her</li></ul>	re any information contained here reby authorize the BSI to disclose norities and/or with any other regu	ein becomes included all information	orrect. it holds about me or any of my cu					
<ul><li>I con whe</li><li>I her auth</li><li>Full Na</li></ul>	re any information contained here reby authorize the BSI to disclose norities and/or with any other regu	ein becomes included all information	orrect. it holds about me or any of my cu	urrent or future acco				
I cor l und whe I her auth Full Na (Name	re any information contained here reby authorize the BSI to disclose porities and/or with any other regu ame: as per Passport)	ein becomes inco all information llatory authoriti ch you are signi	orrect. it holds about me or any of my cues as required by UAE law.	urrent or future acco	unts with BSI to UAE re	egulator		
<ul> <li>I cor</li> <li>whe</li> <li>I her auth</li> <li>Full Na (Name)</li> <li>lote: P</li> <li>Atteste</li> <li>Capaci</li> </ul>	re any information contained here reby authorize the BSI to disclose rorities and/or with any other regu- ame: reas per Passport) lease indicate the capacity in whi d by Competent authority) as wel	ein becomes inco all information llatory authoriti ch you are signi	orrect.  it holds about me or any of my cues as required by UAE law.  Signature:	urrent or future acco	unts with BSI to UAE re	egulator		
I cor I und whee I her auth Full Name (Name lote: P Atteste Capaci (Self, S	re any information contained here reby authorize the BSI to disclose reby authorize the BSI to disclose reptions and/or with any other regu- regularies: as per Passport)  lease indicate the capacity in whi d by Competent authority) as well ty:	ein becomes inco all information llatory authoriti ch you are signi	orrect.  it holds about me or any of my cues as required by UAE law.  Signature:	urrent or future acco	unts with BSI to UAE re	egulator		
I cor I und whee I held auth Full Na (Name lote: P Atteste Capaci (Self, S	re any information contained here reby authorize the BSI to disclose reby authorize the BSI to disclose representation of the series and/or with any other regu- reme: reas per Passport)  Rease indicate the capacity in which by Competent authority) as well rety: Rhareholder, POA, Guarantor)	ein becomes inco all information llatory authoriti ch you are signi	orrect.  it holds about me or any of my cues as required by UAE law.  Signature:	urrent or future acco	unts with BSI to UAE re	attorne		

Signature

Date: DD-MM-YYYY

Name