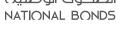
COMMON REPORTING STANDARD 'CRS' - SELF CERTIFICATION

Individuals





This form needs to be duly completed and signed by an individual Account Holder.

SECTION A - INDIVID	UAL D	ETAILS								
Account Number:										
Name:			Middle							
Date of birth:						Place of birth:				
Current Residence Address:		Line 1 House/Apt/Suite Name, Number, Street, if any				')*		Postal Code/ZIP Code (if any):*		
	Line 2 Town/City/Province/County/State)*							Country:*		
Mailing Address	Line 1 House/Apt/Suite Name, Number, Street, if any)					′)*		Postal Code/ZIP Code (if any):*		
(if different than Residence Address):	Line 2 Town/City/Province/County/State)*							Country:*		
SECTION B - TAX DEC	CLARA	TION								
1. Do you hold a valid Uni	ited Ara	ab Emirates (I	JAE) reside	ency permit/Emirates	s ID?					
Yes (By selecting this	option	ı, you are dec	laring that	you a resident of UA	E for ta	axation pur	rposes and	d need to proceed to Section C)		
Visa Issue Date: Visa Expiry Date:										
○ No										
2. Are you a resident for	Tax Pur	poses of any	country ot	her than the UAE?		O Yes	O No			
If yes, please complete th	e table	helow								
, , , , , , , , , , , , , , , , , ,	0 (0.010									
Country of Tax Residence			TIN				If no TIN is available, please state the reason A, B or C. If B, please outline the reason for being unable to obtain TIN			
									\dashv	
									\dashv	
Reason A: The Country wh	noro the	Account Ho	ldor ic rocio	dont doos not issue T	INIc to it	ts resident				
Reason B: The Account Ho	older is	otherwise un	able to obt	ain a TIN						
Reason C: No TIN is required as per the regulation of the Country you are considered a Resident for Taxation SECTION C - UAE RESIDENCY VISA HOLDER										
SECTION C SAL REC	JIDLIN	or vioa ire	ZZZK							
Is the term of your current UAE residency permit/Emirates ID for five (5) years or more? Yes (If Yes, please answer a & b below)										
No (If No, please pro										
(a) Did you obtain UAE tax residency under a residency by investment scheme?										
(b) In which jurisdiction(s	s) have	you been sub	oject to per	rsonal income tax dui	ring the	e previous	calendar y	vear?		
SECTION D - CONSE	NA TN	D DECLAR	ATION							
I/We confirm that I/we am/ar										
	l due to i	ncorrectness of	such informa					ational Bonds Corporation Sole Proprietorship PSC against any los Corporation Sole Proprietorship PSC at its discretion, reserves the		
The Account Holder undertake the Account Holder and the C			onds Corpora	ation Sole Proprietorship	PSC wit	thin 30 caler	ndar days of	any change in circumstances which affects the tax residency state	12 O	
For Company's Official use only								Customer Signature, Date		
Reporting Status	Reporting Status Yes/N			No Officer Name & Signature						
FATCA Reportable										