



# Supplements Section

Use and attach the following pages if required

- Additional Account(s) and Service(s)
- Additional eAlerts! Setup
- Additional Approved Signatories and Business Internet Banking Users
- Additional Operating Mandate
- Indemnity for Taking and Accepting Instructions by Facsimile
- Additional Call Back Nominees
- Tax Self-Declarations

# Additional Accounts and Services



Fill up this section to request for additional account(s) and specify the services enabled for each account

**Account Name**    
Sequence number Defaulted to registered business name if left blank. 70 characters maximum.

**Type of account (Select one)**

- Current account
- Savings account
- Fixed deposit
- Others

**Purpose of account**

- Transactional
- Loan repayment
- Investment
- Others

**Currency of account**

**Initial source of funds**

- Business proceeds
- Return on investments
- Others

**Country of fund origin**

- Hong Kong
- Other

**Account Services**

- Business Internet Banking
- eAlerts!

**Number of chequebooks**

Defaulted to one chequebook per account if left blank. Only applicable for current accounts.

**For Bank Use**

Account number

-  -  -

**Account Name**    
Sequence number Defaulted to registered business name if left blank. 70 characters maximum.

**Type of account (Select one)**

- Current account
- Savings account
- Fixed deposit
- Others

**Purpose of account**

- Transactional
- Loan repayment
- Investment
- Others

**Currency of account**

**Initial source of funds**

- Business proceeds
- Return on investments
- Others

**Country of fund origin**

- Hong Kong
- Other

**Account Services**

- Business Internet Banking
- eAlerts!

**Number of chequebooks**

Defaulted to one chequebook per account if left blank. Only applicable for current accounts.

**For Bank Use**

Account number

-  -  -

# Additional eAlerts! Setup



Fill up this section to request for additional account(s) and specify the services enabled for each account

- For specified accounts only**  
Specify and use Supplement - Additional eAlerts! Setup to define the Alert details for the remaining account(s).

\_\_\_\_\_

**Cash Alerts Setup**

Select at least one type of Cash Alert.

- A/C Balance (ABL) (default option)**

Daily (Monday to Friday) 9am and 6pm alert

Threshold amount

N.A

- Notify me when my designated notification account balance falls below the threshold value (ABB)**

\_\_\_\_\_

Default to 8,500 units of the account currency if left blank

- Notify me when my designated notification account balance is above the threshold value (ATA)**

\_\_\_\_\_

Default to 100,000 units of the account currency if left blank

- Notify me of Incoming Funds that equal or exceeding threshold amount (INF)**

\_\_\_\_\_

Default to 5,000 units of the account currency if left blank

- Notify me of debit amount equal or exceeding threshold amount (LDB)**

\_\_\_\_\_

Default to 5,000 units of the account currency if left blank

- SWIFT gpi alert. Notify me when the Telegraphic Transfer is successfully credited into the beneficiary account (CCA)**

\_\_\_\_\_

Default to 5,000 units of the account currency if left blank

**Trade Alerts**

You will receive all UOB Trade Alerts as listed in the eAlerts! Glossary if you have any valid trade account with the Bank at the time of this Application.

### Important information regarding eAlerts!

1. UOB eAlerts! is available via Email
2. Please input email address to receive eAlerts notification under section 2.3 Approved Signatories/Business Internet Banking Users
3. Trade Alerts are for notification purposes only and do not indicate that the trade documents are ready for collection. All existing arrangements with the Bank applies.
4. Trade Alerts are available Monday to Friday excluding Saturday, Sunday, and Public Holidays.
5. Trade Alerts will be sent by batches or per transaction basis. Reminders will be sent two days prior to the due date and overdue reminders will be sent on next working day past due date. Transaction notification will be sent at 30 minutes interval between 7:00am to 8:30pm.
6. Frequency and time of notification received are indicative and subject to change. UOB reserves the right to change the frequency and time of notification without prior notice.
7. Termination of UOB eAlerts! require minimum 30 days prior written notice to the Bank.

# Additional Approved Signatories and Business Internet Banking Users



This section allows you to appoint additional Approved Signatories and Business Internet Banking Users. You may use multiples of this section if required.

For account(s) stated below

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\*Fields are mandatory

Name (As per ID document)\*

---



---

ID number (HKID/Passport)\*

---

ID issuing country\*

---

Country of birth\*

---

Designation\*

---

Office number  
(Country code + Office number)

---

Set as Approved Signatory

Specimen signature

Assign signing group

For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.

A  B  C  Others 

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### Important for Business Internet Banking Setup

A set of default roles will be assigned to every Business Internet Banking User if Standard Role type is selected in Section 1.1 Business Internet Banking Setup.

Any Customised Role selected in this section will take precedence over your selection of 'Standard Role' in Section 1.1 Business Internet Banking Setup.

The Bank will assign an User ID at its sole discretion if the Preferred User ID is left blank or cannot be allocated.

Set as Business Internet Banking User

For new Business Internet Banking customer only.

Preferred User ID

Minimum 8 characters with no space or special characters.

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\* Mobile number (Country code + Mobile number) For transaction related enquiries and to receive SMS notifications

---

\* Email address For Business Internet Banking User & e-Alerts notification

---

Select Customised role type

Skip if Standard role is selected in Section 1.1.

Enquirer

Administrator

Maker

Payroll - (optional)

This payroll role will be added on to Maker and/or Authoriser roles as selected

Authoriser

For Payroll Authoriser, please select one of the options:

Full Access

Only View Payroll Amount

Set as eAlerts! Recipient

Alert scope

Cash Alert

Trade Alert

Channel

Email

**Enquirer**—View account details only.

**Administrator**—Create/maintain all user and access profiles. Maintain user(s) passwords and assign tokens to all user(s) except Administrators and Authorisers.

**Maker**—Create all types of transactions (except Payroll) and view account details.

**Authoriser**—Create/approve other user's transactions (except Payroll) and view account details.

**Payroll**—Create/approve other user's Payroll transactions and view

# Additional Approved Signatories and Business Internet Banking Users



\*Fields are mandatory

Name (As per ID document) \*

  


ID number (HKID/Passport) \*

ID issuing country \*

Country of birth \*

Designation \*

Office number  
(Country code + Office number)

+

Set as Approved Signatory

Specimen signature

**Assign signing group**

For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.

A
  B
  C
  Others

Set as Business Internet Banking User

For new Business Internet Banking customer only.

**Preferred User ID**

Minimum 8 characters with no space or special characters.

\* **Mobile number (Country code + Mobile number)** For transaction related enquiries and to receive SMS notifications

+

\* **Email address** For Business Internet Banking User & e-Alerts notification

**Select Customised role type**

Skip if Standard role is selected in Section 1.1.

Enquirer  Administrator

Maker  Payroll - (optional)

This payroll role will be added on to Maker and/or Authoriser roles as selected

Authoriser

For Payroll Authoriser, please select one of the options:

Full Access
  Only View Payroll Amount

Set as eAlerts! Recipient

**Alert scope**

Cash Alert  Trade Alert

**Channel**  Email

**Enquirer**—View account details only.

**Administrator**—Create/maintain all user and access profiles. Maintain user(s) passwords and assign tokens to all user(s) except Administrators and Authorisers.

**Maker**—Create all types of transactions (except Payroll) and view account details.

**Authoriser**—Create/approve other user's transactions (except Payroll) and view account details.

**Payroll**—Create/approve other user's Payroll transactions and view

# Additional Operating Mandate



This section allows you to define the Operating Mandate for the remaining new account(s) if you did not opt for the Mandate Scope in Section 2.1 to apply to all your new accounts requested in this Application, including Supplement- Additional Accounts and Services, if any.

You may use multiples of this section if required.

## A. Mandate Scope

### Account scope

Operating Mandate for new accounts not specified in Section 2.1 Mandate Scope

Provide account number and proceed to following Section.

---

### Select to define new Operating Mandate or use existing Operating Mandate

<input type="radio"/> <b>New Operating Mandate</b>	<p>Complete Section B to define Authorisation Limits and Signing Requirement and Section C to set out Approved Signatories.</p> <p>Proceed to complete Section B Authorisation Limits and Signing Requirement.</p>	
<input type="radio"/> <b>As per existing UOB Corporate account</b>  <small>Not applicable for new Business Internet Banking Setup.</small>	<p>Enter UOB Account number Must state account of the same currency.</p> <p>Authorisation Limits, Signing Requirement and Approved Signatories of the accounts in Section A Mandate Scope will follow that of the account stated below.</p> <p>_____ - _____ - _____ - _____</p> <p>Skip Section B and Section C.</p>	

## B. Authorisation Limits and Signing Requirement

### Authorisation limits (Select one)

Both currency and amounts need to be specified

 \_\_\_\_\_  
(defaults to **HKD1m** if left blank)
 Up to \_\_\_\_\_

 Up to \_\_\_\_\_

 Up to \_\_\_\_\_

 Above \_\_\_\_\_

Authorisation limits are cumulative, e.g. these Approved Signatories may also approve lower amounts.

### Signing requirement (Select one)

 Any one     Any two     Others \_\_\_\_\_

 Any one     Any two     Others \_\_\_\_\_

 Any one     Any two     Others \_\_\_\_\_

 Any one     Any two     Others \_\_\_\_\_

 Any one     Any two     Others \_\_\_\_\_

### Other Signing Requirements/Approval Mandates (optional)

 To set authorisation limits for Telegraphic Transfer/RTGS, please provide the details below:

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 To set other authorisation matrix groups, please provide the details below:

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## C. Approved Signatories

\*Fields are mandatory

Name (As per ID document) *		Specimen signature <div style="border: 1px solid black; height: 130px; width: 100%;"></div>
<input type="text"/>		
ID number (HKID/Passport) *	Designation *	
<input type="text"/>	<input type="text"/>	
Office number (Country code + Office number)	<input checked="" type="checkbox"/> <b>Set as Approved Signatory</b>	
+ <input type="text"/>	<b>Assign signing group</b> For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.	
Mobile number * (Country code + Mobile number)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> Others <input type="text"/>	
+ <input type="text"/>		

Name (As per ID document) *		Specimen signature <div style="border: 1px solid black; height: 130px; width: 100%;"></div>
<input type="text"/>		
ID number (HKID/Passport) *	Designation *	
<input type="text"/>	<input type="text"/>	
Office number (Country code + Office number)	<input checked="" type="checkbox"/> <b>Set as Approved Signatory</b>	
+ <input type="text"/>	<b>Assign signing group</b> For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.	
Mobile number * (Country code + Mobile number)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> Others <input type="text"/>	
+ <input type="text"/>		

Name (As per ID document) *		Specimen signature <div style="border: 1px solid black; height: 130px; width: 100%;"></div>
<input type="text"/>		
ID number (HKID/Passport) *	Designation *	
<input type="text"/>	<input type="text"/>	
Office number (Country code + Office number)	<input checked="" type="checkbox"/> <b>Set as Approved Signatory</b>	
+ <input type="text"/>	<b>Assign signing group</b> For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.	
Mobile number * (Country code + Mobile number)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> Others <input type="text"/>	
+ <input type="text"/>		

**Company stamp is part of SI**

Yes  No

Company stamp

# Indemnity for Taking and Accepting Oral and Written Instructions by Facsimile



To: United Overseas Bank Limited, Hong Kong Branch (Incorporated in Singapore with limited liability)

Re: Indemnity for Taking and Accepting Oral and Written Instructions

**Customer name**

\_\_\_\_\_

1. From time to time, I/we may give you oral and/or written instructions by telephone or via postal services, facsimile transmission, regarding any or all of my/our accounts which I/we now have or may hereafter open and/or maintain with your Bank, pertaining but not limited to:

Payments, Placements, Transfers of Funds, Cancellations, Custody Accounts, Renewals of Deposits, Certificates of Deposits, Purchase/Sale of Foreign Currencies, Precious Metals Trading, Purchase/Sale of Securities

Application, notice, or instruction for Trade Finance related transactions

2. You are authorised to accept, honour and act upon any instruction communicated to you over the telephone (or purported to be so communicated), or given to you in writing signed as appearing below by me/or according to the signing arrangement approved by account holder(s) from time to time of our authorized signatories and sent by post, facsimile or other electronic or telecommunication means (or purporting to be so signed or sent).

I/We understand that such instructions given by an unauthorized person will not be discoverable by you in the ordinary course of business. You shall be under no obligation to otherwise identify or make attempts to identify the party sending the instructions or to check with me/us on the authenticity, accuracy or completeness of such instructions.

You shall be entitled to rely and act upon any instruction given in writing and shall not be liable to the undersigned in any way for acting in good faith upon any such instruction notwithstanding that it is subsequently shown that the same was not given by the undersigned, or for any misunderstanding or any error (on either your or my/our part), loss or delay resulting from the use of postal services, or facsimile transmission devices, or other electronic or telecommunication means. You shall be entitled to rely and act upon any instruction communicated over the telephone, and the risks of misunderstanding, error (on either your or my/our part), delay, breakdown or failure of any communication system, fraud and forgery and of instructions being given by unauthorised persons are entirely the risks of the undersigned. You shall not be liable for any loss, liability or expense which might result from any such misunderstanding, error, delay, break down or failure of any communication system, fraud, forgery or unauthorised instruction.

3. It shall not be necessary for written confirmation of the instructions to be sent to me/us prior to the carrying out of the transaction pursuant thereto but an advice thereof ("Confirmation Advice") shall be sent by you to me/us as soon as practicable thereafter. The contents in the Confirmation Advice shall be final, conclusive and binding on me/us and our successor and assigns if I/we do not object thereto within 7 calendar days from the date of the Confirmation Advice.

4. You may at any time and at your absolute discretion refuse to execute, delay the execution or refrain from acting promptly upon any instructions or any part thereof from me/us without incurring any responsibility for loss, liability or expense arising out of or in connection with such refusal, delay or so refraining to act and without giving to me/us any explanation.

5. You may (without being obliged to) record any telephone conversations with me/us whether with or without the use of tone warning device and such recordings or transcripts thereof may be used as evidence in any disputes.

6. I/We further agree that you shall not be obliged to inquire as to the purpose of any transfer of funds authorised by any such instructions or the identity of any transferee. It is understood that such instructions may authorise any transfer, sale, assignment, exchange or other disposition of my/our accounts and their content.

7. I/We agree to indemnify you and to keep you fully indemnified and saved harmless at all times against any claims, demands, actions, proceedings, loss and expenses (including legal costs on a full indemnity basis) arising in any manner howsoever from or in connection with your accepting, relying or acting on my aforesaid instructions, or as you deem fit, refusing, delaying or refraining to act on my aforesaid instructions or part thereof.

8. Nothing in this indemnity shall operate so as to exclude or restrict any liability, the exclusion or restriction of which is prohibited by the laws of Hong Kong.

9. This indemnity shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I/we hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Hong Kong Special Administrative Region.

Signature

**Name**

\_\_\_\_\_

**Date (DD/MM/YYYY)**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

**Name**

\_\_\_\_\_

**Date (DD/MM/YYYY)**

\_\_\_\_/\_\_\_\_/\_\_\_\_



# Additional Call Back Nominees



Enter details of individuals appointed as your Authorised Call Back Persons for UOB to contact for all matters relating to the Entity and its account(s) and service(s) with UOB. Note that Approved Signatories are default Call Back Nominees and do not need to be specified in this Supplement. Please supply the certified true copy of identification document and valid proof of residential address issued within the last 3 months if the Call-Back Person is not Approved Signatory nor any connected person whose identification has been submitted

<b>Name</b>	<b>ID number (HKID/Passport)</b>	<b>Office number (Country code + Office number)</b>
<input type="text"/>	<input type="text"/>	+ <input type="text"/>
<input type="text"/>	<b>Mobile number (Country code + Mobile number)</b>	
	+ <input type="text"/>	

<b>Name</b>	<b>ID number (HKID/Passport)</b>	<b>Office number (Country code + Office number)</b>
<input type="text"/>	<input type="text"/>	+ <input type="text"/>
<input type="text"/>	<b>Mobile number (Country code + Mobile number)</b>	
	+ <input type="text"/>	

<b>Name</b>	<b>ID number (HKID/Passport)</b>	<b>Office number (Country code + Office number)</b>
<input type="text"/>	<input type="text"/>	+ <input type="text"/>
<input type="text"/>	<b>Mobile number (Country code + Mobile number)</b>	
	+ <input type="text"/>	

## Terms and Conditions

We, the aforesaid Applicant, hereby:

1. acknowledge that the Bank has the absolute right to approve or reject this Application without assigning any reason whatsoever. The Bank may continue relying on our mandates / instructions for call back nominations in force ("prior call back mandates") until it approves this Application. Upon approval, this Application shall supersede all such prior call back mandates.

2. understand and agree that this Application is subject to :

(a) the Bank's prevailing Terms & Conditions Governing Accounts & Services (Non-Individual) and Additional Terms and Conditions Governing Accounts & Services (Non-Individual) which are available at [www.uobgroup.com/hk/assets/pdfs/notice\\_privacy.pdf](http://www.uobgroup.com/hk/assets/pdfs/notice_privacy.pdf);

(b) the terms and conditions governing the specific product or service offered by us alone or by us together with third parties; and

(c) the terms and conditions of any other document or agreement governing your relationship with us. (collectively, "Terms & Conditions")

3. represent and warrant that all information provided by us in this Application and in any other document is complete, true and accurate and undertake that in the event any of the information provided by us becomes inaccurate or misleading or changed in any way we shall promptly notify the Bank of any such changes in writing.

4. acknowledge that:

(a) the Authorised Call back Persons specified above are person(s) authorised by us to (whether alone or jointly) act for or on behalf of us, to confirm any instruction or transaction in respect our account(s) with the Bank ;

(b) the Bank shall be entitled in its absolute discretion, but shall not be obliged to act on the confirmation given by the Authorised Call back Persons; and

(c) the Bank may implement whatever security procedures and features it deems appropriate and/or necessary from time to time to verify: (i) the identity of the Authorised Call back Persons; (ii) the confirmation(s) given by the Authorised Call back Persons; and/or (iii) that the instruction or transaction in respect of our account(s) with the Bank has been authorised by us.

5. authorise the Bank to obtain and verify any information about us as the Bank deems fit from any person; retain all such information and all supporting documents submitted by us; and disclose all information relating to us or our account(s) with the Bank to any person the Bank deems appropriate or necessary, and for any purpose whatsoever (including but not limited to the Authorised Call back Persons, and the parties stated in the terms relating to the Bank's rights of disclosure under the prevailing Terms and Conditions).

6. confirm that we have read and understood the Bank's Privacy Notice (Corporate) (available at [www.uobgroup.com/hk/assets/pdfs/notice\\_privacy.pdf](http://www.uobgroup.com/hk/assets/pdfs/notice_privacy.pdf) and at the Bank's branches) which forms part of the terms and conditions governing our relationship with the Bank. We represent and warrant to the Bank that when providing the Bank with the personal data of the Relevant Individual(s) from time to time, we would have obtained the consent of the Relevant Individual(s) for the collection, use and disclosure of the personal data for purposes as described in the Bank's Privacy Notice (Corporate).

7. agree to hold the Bank harmless and to keep the Bank indemnified against all actions, proceedings, liabilities, losses, damages, claims, demands and expenses, including all legal costs and other costs, charges and expenses which the Bank may incur or sustain by reason or in connection with honouring any instrument; or acting or relying on any instruction or confirmation given by the Authorised Call back Persons.

# Tax Self-Declarations



## Important information regarding tax reporting requirements for US Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

In order to comply with the regulatory requirements of FATCA and CRS, we are obliged to collect your tax self-declaration. Please complete the sections below as directed and provide any additional information that is requested. Refer to FATCA and CRS Glossary.

If you have any questions about this tax self-declaration form, please speak to your tax adviser.

### Select declaration (Select one)

- New declaration**  
Proceed to complete Sections A, B, C and D as required.
- I have an existing declaration**  
No changes to the previous US withholding certificate or FATCA/ CRS self-certification(s) submitted to UOB

Complete the following section based on your Entity type. Ticked sections are mandatory.

Section	A	B	C	D
<b>Sole Proprietorship</b> Individual Owners	✓	✓	N/A	N/A
<b>Sole Proprietorship</b> Non-Individual Owners	✓	✓	✓	Conditional
<b>Other Entity Type</b>	N/A	✓	✓	Conditional

## A. Sole Proprietorship Owner's Information

This section is required only if you are a Sole Proprietorship. Provide the Sole Proprietorship (Individual/ Non-Individual) Owner's information and not the particulars of the Sole Proprietorship.

<b>Name/Registered business name</b> _____	<b>Country of birth</b> _____	<b>Residential address/Registered address</b> _____
<b>Date of birth</b> DD/MM/YYYY ____/____/____	<b>Nationality/Country of incorporation</b> _____	<b>Mailing address</b> If different from Residential/Registered address _____
	<b>ID number/Business registration number</b> HKID/Passport/UEN _____	_____

## B. Tax Residency

Select your tax residency(ies). If you are a Sole Proprietorship, provide the Sole Proprietorship (Individual/Non-Individual) owner's tax residency(ies).

- Hong Kong**      TIN number (Hong Kong) \_\_\_\_\_
- United States**      TIN number (United States) \_\_\_\_\_      Specified US Person     Yes     No

### Others

Country 1 _____	TIN number _____	Country 2 _____	TIN number _____
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#### If no TIN in country/jurisdiction

- Country where the Entity/Individual is resident does not issue TINs.
- No TIN is required.  
Only select this reason if the authorities of the country of tax residence entered do not require the TIN to be disclosed.
- Entity/Individual is otherwise unable to obtain a TIN or equivalent number. Provide details.  
\_\_\_\_\_

#### If no TIN in country/jurisdiction

- Country where the Entity/Individual is resident does not issue TINs.
- No TIN is required.  
Only select this reason if the authorities of the country of tax residence entered do not require the TIN to be disclosed.
- Entity/Individual is otherwise unable to obtain a TIN or equivalent number. Provide details.  
\_\_\_\_\_

- Not a tax resident in any country**      Country \_\_\_\_\_      TIN number \_\_\_\_\_  
Please provide the place of effective management or jurisdiction in which the entity's principal office is located



## C. FATCA and CRS Status

Select one of the following statements that best describes the Entity. If you are a Sole Proprietorship, provide the Sole Proprietorship (Non-Individual) owner's FATCA and CRS status.

Instructions	FATCA status if non-US tax resident	CRS status
<input type="radio"/> <b>Passive Business</b> More than 50% of your gross income from Passive Income in the previous year or More than 50% of your assets were used to produce Passive Income in the previous year.	Passive Non-Financial Foreign Entity	Passive Non-Financial Entity
<input type="radio"/> <b>Active Business</b> Less than 50% of your gross income from Passive Income in the previous year and Less than 50% of your assets were used to produce Passive Income in the previous year.		
<input type="radio"/> <b>Publicly Listed Company or its Related Entity</b> Stock is regularly traded on one or more established securities markets or A Related Entity of an entity whose stock is regularly traded on an established securities market.	Active Non-Financial Foreign Entity	Active Non-Financial Entity
<input type="radio"/> <b>Charities</b> Charities registered under the Hong Kong Charities Act.		
<input type="radio"/> <b>Holding Company or Group Services Company</b> Substantially all your business activities consist of: Holding (wholly or partially) the outstanding share of, or Providing financing and services to one or more subsidiaries that engage in non-FI trade/ business. However, you do not operate as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.		
<input type="radio"/> <b>Financial Institution</b> Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.	Financial Institution	Financial Institution



	Instructions	FATCA status if non-US tax resident	CRS status
<input type="radio"/> <b>Financial Institution</b> Other Investment Entity.	1. Provide GIIN _____ . _____ . _____ . _____  2. Provide U.S. withholding certificat U.S. IRS Form W-8BEN-E / W-8IMY / W-8ECI / W-8EXP  3. Proceed to sign the Tax Self-Declaration.		
<input type="radio"/> <b>Financial Institution</b> Depository Institution, Custodial Institution or Specified Insurance Company.	1. Provide GIIN _____ . _____ . _____ . _____  2. Provide U.S. withholding certificat U.S. IRS Form W-8BEN-E / W-8IMY / W-8ECI / W-8EXP  3. Proceed to sign the Tax Self-Declaration.	Financial Institution	Financial Institution
<input type="radio"/> <b>Government Entity or Central Bank</b> Government and government-linked entities (including Ministries, Statutory Boards, Town Councils). Central Bank.	Proceed to sign the Tax Self-Declaration.	Exempt Beneficial Owner	Active Non-Financial Entity A Government Entity or Central Bank
<input type="radio"/> <b>International Organisations</b> Any international organisation or wholly owned agency or instrumentality thereof.	Proceed to sign the Tax Self-Declaration.		Active Non-Financial Entity An International Organisation
<input type="radio"/> <b>Other Status</b> If you do not fall under any of the above statuses, please specify your FATCA and CRS status.	1. FATCA Status _____ Provide U.S. IRS Form W-8BEN-E / W-8IMY / W-8ECI / W-8EXP  2. CRS Status _____  3. Proceed to sign the Tax Self-Declaration.	As specified	As specified

# Tax Self-Declarations



## D. Controlling Person(s)

Complete below section only if your FATCA or CRS status is any of the following: Passive Non-Financial Foreign Entity/Passive Non-Financial Entity/Financial Institution-Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution. If you are a Sole Proprietorship, provide the Sole Proprietorship (Non-Individual) owner's controlling person(s).

**Important**

You represent that the controlling person/s have confirmed that the information in this section is accurate and up to date.

<b>Name</b>	<b>Nationality</b>	<b>Date of birth (DD/MM/YYYY)</b>
_____	_____	____/____/____
<b>Percentage of ownership</b>	<b>Country of birth</b>	<b>Residential address</b>
_____ %	_____	_____
<b>ID number (HKID/Passport)</b>	<b>ID issuing country</b>	
_____	_____	

**Select your controlling person tax residency(ies)**

**United States**      TIN number (United States) \_\_\_\_\_

**Others**

Country 1	TIN number	Country 2	TIN number
_____	_____	_____	_____

**If no TIN in country/jurisdiction**

- Country where the Individual is resident does not issue TINs.
- No TIN is required.  
Only select this reason if the authorities of the country of tax residence entered do not require the TIN to be disclosed.
- Individual is otherwise unable to obtain a TIN or equivalent number. Provide details.  
\_\_\_\_\_

**If no TIN in country/jurisdiction**

- Country where the Individual is resident does not issue TINs.
- No TIN is required.  
Only select this reason if the authorities of the country of tax residence entered do not require the TIN to be disclosed.
- Individual is otherwise unable to obtain a TIN or equivalent number. Provide details.  
\_\_\_\_\_

<b>Name</b>	<b>Nationality</b>	<b>Date of birth (DD/MM/YYYY)</b>
_____	_____	____/____/____
<b>Percentage of ownership</b>	<b>Country of birth</b>	<b>Residential address</b>
_____ %	_____	_____
<b>ID number (HKID/Passport)</b>	<b>ID issuing country</b>	
_____	_____	

**Select your controlling person tax residency(ies)**

**United States**      TIN number (United States) \_\_\_\_\_

**Others**

Country 1	TIN number	Country 2	TIN number
_____	_____	_____	_____

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Signature

**Name**

**Date (DD/MM/YYYY)**

Signature

**Name**

**Date (DD/MM/YYYY)**