

TAX COMPLIANCE: GLOBAL EXCHANGE AGREEMENT

COMMON REPORTING STANDARD SELF CERTIFICATION FORM – CONTROLLING PERSON

SECTION 1 – CONTROLLING PERSON DETAILS

This section is to be completed for each Controlling Person. Use a separate sheet for each Controlling Persons.

| | |
|---|---------------------------------------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> | Surname <input type="text"/> |
| First name <input type="text"/> | Maiden Name(s) <input type="text"/> |
| Date of Birth <input type="text"/> | Country of Birth <input type="text"/> |

Current Residence Address

| |
|--------------------------------------|
| Line 1 <input type="text"/> |
| Line 2 <input type="text"/> |
| City/Town <input type="text"/> |
| Postal/ZIP Code <input type="text"/> |
| State/Country <input type="text"/> |

Current Mailing Address *(To complete only if different from current Residence Address)*

| |
|--------------------------------------|
| Line 1 <input type="text"/> |
| Line 2 <input type="text"/> |
| City/Town <input type="text"/> |
| Postal/ZIP Code <input type="text"/> |
| State/Country <input type="text"/> |

Legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person:

| | |
|----------------------------|----------------------|
| 1. Legal name of Entity 1: | <input type="text"/> |
| 2. Legal name of Entity 2: | <input type="text"/> |
| 3. Legal name of Entity 3: | <input type="text"/> |

SECTION 2 – COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER

Please complete the following table indicating:

- (i) where the Controlling Person is tax resident,
- (ii) the Controlling Person's TIN for each country indicated, and
- (iii) if the Controlling Person is a tax resident in any country other than Mauritius, then please also complete Part 3 'Type of Controlling Person'.

If a TIN is available, please provide the appropriate reason **A, B** or **C**

Reason A – The country/jurisdiction where the Controlling Person is resident does not issue TINs to its residents.

Reason B – The Account Holder 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 – No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

| 1. | Country of Tax Residency | Taxpayer Identification Number (TIN) | If no TIN available, enter reason A, B, or C |
|----|--------------------------|--------------------------------------|--|
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Explain why you are unable to obtain a TIN if you selected Reason B in previous column

| 2. | Country of Tax Residency | Taxpayer Identification Number (TIN) | If no TIN available, enter reason A, B, or C |
|----|--------------------------|--------------------------------------|--|
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Explain why you are unable to obtain a TIN if you selected Reason B in previous column

| | | | |
|--|--------------------------|--------------------------------------|--|
| 3. | Country of Tax Residency | Taxpayer Identification Number (TIN) | If no TIN available, enter reason A, B, or C |
| Explain why you are unable to obtain a TIN if you selected Reason B in previous column | | | |
| | | | |

If the Controlling Person is tax resident in more than three countries/jurisdictions, please use a separate sheet.

SECTION 3 – TYPE OF CONTROLLING PERSON

Please tick as appropriate

| | Entity 1 | Entity 2 | Entity 3 |
|---|--------------------------|--------------------------|--------------------------|
| a. Controlling Person of a legal person – control by ownership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Controlling Person of a legal person – control by other means | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Controlling Person of a legal person – senior managing official | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Controlling Person of a trust - settlor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Controlling Person of a trust - trustee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Controlling Person of a trust - protector | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Controlling Person of a trust – beneficiary(ies) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Controlling Person of a trust - other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Controlling Person of legal arrangement (non-trust) equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Controlling Person of legal arrangement (non-trust) trustee settlor equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Controlling Person of legal arrangement (non-trust) beneficiary- equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Controlling Person of legal arrangement (non-trust) protector - equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Controlling Person of legal arrangement (non-trust) – Other equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 4 – DECLARATIONS AND SIGNATURE

- I understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's relationship with ABC Banking Corporation Ltd (the "bank") where the Account Holder's relationship is maintained.
- I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly, to any relevant tax authority including the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreements between the governments to exchange financial account information.
- I certify that I am the Controlling Person authorised to sign for the Controlling Persons of all of the account(s) to which this form relates.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct, true, and complete, and I undertake to indemnify and hold harmless the bank and its officers and directors in the event that any information provided is erroneous.
- I undertake to submit a suitably updated Form within 30 days of any change of circumstances which affects the tax residency status of the Controlling Person or where any information contained herein becomes incorrect.

| | |
|-----------|--|
| Signature | |
| Full Name | |
| Date | |
| Capacity | |