



CONTROLLING PERSON SELF-CERTIFICATION FORM

Section 1: Identification of Controlling Person

(Please complete Sections 1-5 in BLOCK CAPITALS)

Part 1 – Details of Legal Entity

Legal Name of Entity

Business Registration No.

Part 2 - Details of Controlling Person

Title Date of Birth (DD/MM/YYYY)

First Name NRIC/Passport Number

Last Name Nationality

Residential/Registered/Permanent Address

Town or City Country

Section 2: Declaration of Tax Residency (other than U.S.)

Please tick one option and complete as appropriate:

- (a) I confirm that I am a tax resident in Malaysia and do not have any foreign tax residency and/or foreign indicia.
- (b) I confirm that I am a tax resident of the following countries:
Please provide the tax residency information in the following table. If exceed three countries, please use a separate sheet

Country of Tax Residency	Taxpayer ID No. (TIN)	If no TIN, tick one of the reasons
		<input type="checkbox"/> A Country does not issue TIN
		<input type="checkbox"/> B Country does not require the collection of TIN
		<input type="checkbox"/> C TIN application in progress
		<input type="checkbox"/> A Country does not issue TIN
		<input type="checkbox"/> B Country does not require the collection of TIN
		<input type="checkbox"/> C TIN application in progress
		<input type="checkbox"/> A Country does not issue TIN
		<input type="checkbox"/> B Country does not require the collection of TIN
		<input type="checkbox"/> C TIN application in progress



Section 3: Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

Please tick one option and complete as appropriate:

- (a) I confirm that I **am** a U.S. citizen and/or resident in the U.S. for tax purposes (i.e. green card holder or resident under the substantial presence test).

U.S. Federal TIN	Type
	<input type="checkbox"/> SSN Social Security Number: U.S. individuals
	<input type="checkbox"/> ITIN Individual Taxpayer Identification Number: Resident Alien and do not have/not eligible to get an SSN
	<input type="checkbox"/> EIN Employer Identification Number

- (b) I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- (c) I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes.

Section 4: Type of Controlling Person

Please tick **ONLY** one type of Controlling Person:

If you are a controlling person of a legal person:	If you are a controlling person of a Trust:	If you are a controlling person of a legal arrangement (non-Trust):
<input type="checkbox"/> Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official	<input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Protector <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other	<input type="checkbox"/> Settlor-equivalent <input type="checkbox"/> Trustee-equivalent <input type="checkbox"/> Protector-equivalent <input type="checkbox"/> Beneficiary-equivalent <input type="checkbox"/> Other-equivalent



Section 5: Declaration and Undertaking

I understand that the information supplied by me is subject to the **RHB Terms and Conditions**, which has been made available to me.

I acknowledge that the information contained in this form and information regarding the Controlling Person and all accounts held by the Entity Account Holder with you, to which this form relates may be provided to IRBM and they may exchange this information with tax authorities of other countries pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise you within 30 days of any change in circumstances which affects the tax residency status of the Controlling Person named in Section 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide you with a suitably updated self-certification and declaration within 90 days of such change in circumstances.

Signature

Name

NRIC/Passport Number.....

Date (DD/MM/YYYY)

Company stamp

I certify that I am an authorised representative for the Controlling Person documented in the present form