



CUSTOMER DECLARATION

Entity

Date: _____

| IDENTIFICATION INFORMATION OF ENTITY | | | | | | | | | | | | | | | | | |
|--|---------------------|--------------------------|---------|---------------------|---------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|
| CIF#: | | | | | | | | | | | | | | | | | |
| Customer Name: | | | | | | | | | | | | | | | | | |
| Legal Address: | | | | | | | | | | | | | | | | | |
| Mailing Address (if different from above): | | | | | | | | | | | | | | | | | |
| Contact#: | | | | | | | | | | | | | | | | | |
| Country of Incorporation or Organization: | | | | | | | | | | | | | | | | | |
| <p>Is Entity resident for tax purposes of any country other than that listed above?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes:</p> <p>(a) Please list each country and applicable Tax Identification Number.</p> <p>(b) Where applicable, indicate whether Entity has any Branch(s) of Operation in the countries listed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Country</th> <th style="width: 25%;">Tax ID Number (EIN)</th> <th style="width: 30%;">Branch of Operation</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | Country | Tax ID Number (EIN) | Branch of Operation | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Country | Tax ID Number (EIN) | Branch of Operation | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | |

| CLASSIFICATION OF ENTITY FOR FATCA PURPOSES | |
|--|--|
| <p>If you are a Qualified Intermediary (QI), please provide your QI EIN¹ number at the bottom of this section</p> | |
| <p>Financial Institution: Please select the appropriate classification below:</p> | |
| <input type="checkbox"/> Participating Financial Institution ¹ – (Please provide GIIN ¹) | GIIN# _____ |
| <input type="checkbox"/> Sponsored Financial Institution ¹ . Please provide your GIIN. If you do not have one, please provide your Sponsor's name and your Sponsor's GIIN. | GIIN# _____ Sponsor Name: _____ Sponsor GIIN# _____ |
| <input type="checkbox"/> If unable to provide a GIIN, please select the reason why your organization does not have a GIIN: | |
| <ul style="list-style-type: none"> • It is a FI in a Model 1 IGA country and has not yet obtained a GIIN <input type="checkbox"/> • It is a FI that intends to apply for a GIIN but has not yet applied or has not yet received it <input type="checkbox"/> • It is an Exempt Beneficial Owner¹ <input type="checkbox"/> • It is a Certified Deemed Compliant Financial Institution¹ <input type="checkbox"/> • It is a Registered Non-Profit Organisation¹ <input type="checkbox"/> • It is an Owner-documented FFI¹ <input type="checkbox"/> • It is a Territory Financial Institution¹ <input type="checkbox"/> • It is a Non-Participating Foreign Financial Institution¹ <input type="checkbox"/> | |
| <p>All Other Entities: Please select the appropriate classification below:</p> | |

- Active NFFE¹
- Passive NFFE¹ (Please list "Substantial U.S. owners"¹ in SUMMARY OF CONTROLLING PERSONS THAT ARE REPORTABLE section below)
- Direct Reporting NFFE¹
- Excepted NFFE¹

Qualified Intermediary: Please provide your QI Number in addition to selecting the appropriate classification above. QI# _____

¹The definitions of these terms can be found in paragraphs §1.1471-1, §1.1471-5, §1.11471-6, §1.1472-1 and §1.1473-1 of the United States Internal Revenue Code. If the country in which your organization is resident has signed an Intergovernmental Agreement ('IGA') with the United States, please refer to the equivalent definitions in the relevant IGA.

SUMMARY OF CONTROLLING PERSONS THAT ARE REPORTABLE

Note: Each person must complete a personal 'Customer Declaration – Individual' form

| Full Name | % Ownership | Tax ID Type and Number | Country of Birth | Nationality | Date of Birth |
|-----------|-------------|------------------------|------------------|-------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

INCOME EARNINGS

Declared: **Yes** **No**

If **Yes**, does Entity derive more than 50% of its gross earnings from passive income, AND, is more than 50% of the Entity's weighted average percentage of assets held for the production of passive income?

Note: Passive income includes interest, dividends, rent and royalties, annuities, and gains from the sale of passive assets.

Yes **No**

EXEMPTION

Is Entity considered an 'Exempt Beneficial Owner' under a statutory authority or tax treaty with respect to specified types of income? *Supporting documents must be provided to indicate this.*

Yes Supporting documents provided
 No

DECLARATION

I/We, do hereby solemnly and sincerely declare as follows:

1. I/We hereby certify/confirm that the information provided above is to the best of my/ our knowledge, true, correct and complete.
2. I/ We will notify First Citizens Bank Limited immediately in the event of any change to either this Form or to the Entity's tax status, and will provide First Citizens Bank Limited with updated information within 30 days of such change.
3. I/ We will notify First Citizens Bank Limited immediately in the event of any change to the Entity's Beneficial Owner(s) and/or their tax status and will provide First Citizens Bank Limited with updated information within 30 days of such change.
4. I/ We will comply with all tax and exchange control reporting requirements imposed by any applicable jurisdiction relating to the Entity's accounts maintained with First Citizens Bank Limited. *Please note that you may be required, under certain circumstances, to provide additional information/ documents confirming the Entity's tax status before an account are opened.*
5. I/ We authorize First Citizens Bank Limited to provide a copy of this Form and information regarding income paid, credited or for the benefit of any of the Entity's accounts to: (i) the United States Internal Revenue Service and any tax authority or

party authorized on behalf of such authority; (ii) any person that has control, receipt or custody of income of which the Entity is the owner; or (iii) any party that can disburse or make payments of income of which the Entity is the owner.

| Name of Authorized Signatory (Block Letters) | Signature of Authorized Signatory | Position with respect to Entity | Date |
|--|--|--|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

CSR Signature: _____

Date: _____

Authorized Signature: _____

Date: _____