

Note: This self-declaration must be filled out for any Entity accountholder

* Indicates mandatory field(s)

Date*								Branch*			
	D	D	M	M	Y	Y	Y	Code			Name

As per Cabinet Resolution No. 9 of 2016, the UAE Government has committed to be part of the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standards (CRS) Program. CRS developed in the context of the OECD's calls on jurisdictions to obtain information from their financial institutions and automatically exchange that information with other jurisdictions on an annual basis. The objective of CRS is to help fight against tax evasion, promote transparency and protect the integrity of tax systems. Under the CRS, bank is required to determine where you are "tax resident". The hereunder disclosed information including personal and financial data as well the tax residence(s) shall be reported to the local government authority as per required timeline and their specific requirements. The completion of the self-certification form will enable HBL UAE to hold updated information pertaining to your tax residency and comply with regulatory requirements. Please note that this document does not constitute tax or legal advice. If you have any questions about this Form or CRS, please contact your tax, legal and/or other professional advisor.

Note: For guidelines, intructions, and definitions please refer to the CRS Booklet available on www.hbl.com/uae

Account Details *(Mandatory for existing accountholders)*

Account Name																		
Account Number											Customer ID							

Part 1 – Identification of Account Holder *

A. Legal Name of Entity											
B. Country of Incorporation											
C. Current Residential Address											
House / Apartment / Suite											
Name, Number, Street											
Town / City / Province /											
County / State											
Country											
Postal Code / Zip Code <i>(if any)</i>						P.O. Box <i>(if any)</i>					
D. Mailing Address <i>(please only complete if different to the address shown in Section C)</i>											
House / Apartment / Suite											
Name, Number, Street											
Town / City / Province /											
County / State											
Country											
Postal Code / Zip Code <i>(if any)</i>						P.O. Box <i>(if any)</i>					

Part 2 – Entity Type *

Please provide the Accountholder's Status by ticking one of the following boxes

1. (a) Financial Institution - i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Investment Entity Financial Institution. (Note: if ticking this box please also complete Point 2 given in this section)
 ii. Other Investment Entity

1. (b) Financial Institution - Other(s) i. Depository Institution ii. Custodial Institution iii. Specified Insurance Company

If you have ticked any of the options in (a) or (b) above, please provide, if held, the Accountholder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

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1. (c) Active NFE A corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

Name of the Established Securities Market

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If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of

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1. (d) Active NFE A Government Entity or Central Bank

1. (e) Active NFE An International Organisation

1. (f) Active NFE An organization other than (c)-(e)

Part 2 – Entity Type *
(continued)

Please provide the Accountholder's Status by ticking one of the following boxes

1. (g) Passive NFE A Passive NFE (Note: if ticking this box please also complete Point 2 below)

Note: If you have ticked 1(a)(i) or 1(g), then please fill-in the below

2. (a) Indicate the name of any Controlling Person(s)

Part 3 – Country of Tax Residence and Taxpayer Identification Number (TIN) *

In how many country(ies) are you a tax resident?

Please fill-in the country(ies) details below.

	Name of Country of Tax Residence	Tax Identification Number (TIN)	If no TIN is available mention Reason A, B or C
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Additional Country(ies) of Tax Residency (if any) to be listed in a separate sheet of paper. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate reason A, B or C where indicated below.

- Reason A The country where the Account Holder is resident does not issue TINs to its residents
- Reason B The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is 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 authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

Please explain in the following relevant number box, why you are unable to obtain a TIN if you mentioned "Reason B" above.

1.

2.

3.

Part 4 – Declarations and Signature *

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with HBL UAE setting out how HBL UAE may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I/We declare (as an authorized signatory of the Entity) that the information provided on this form is, to the best of my/our knowledge and belief it is true, correct and complete.

I/We agree and undertake that if there is any change in any information which I/We have provided in this form, I/We shall submit a new form within thirty (30) calendar days.

Name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Note: Please indicate the capacity in which you are signing the form (for example 'Authorised Officer'). If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity *