

**CONTROLLING PERSON SELF-CERTIFICATION FORM**

In compliance with Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), RHB Banking Group is required to collect and report certain information of an account holder to the local tax authority.

You may refer to the **Definitions and Interpretation** for a summary of terms used in the RHB Banking Corporate Website at [https://www.rhbgroup.com/-/media/Files/others/fatca/FATCA\\_CRS\\_Entity\\_-DI.pdf](https://www.rhbgroup.com/-/media/Files/others/fatca/FATCA_CRS_Entity_-DI.pdf).

As a financial institution, RHB Banking Group is not allowed to give tax advice to our customers. Please consult your tax or legal adviser on matters related to FATCA and CRS. Please fill in a separate form for each Controlling Person.

Please complete all \*required fields in Sections 1-5 in BLOCK CAPITALS.

**Section 1: Identification of Controlling Person**

**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:		
*Telephone No. (country/jurisdiction code-number):	Correspondence/Mailing Address (if different from Residential Address):		
*Residential Address			
City/State:	Postcode:	City/State:	Postcode:
*Country/Jurisdiction:	*Country/Jurisdiction:		

**Section 2. Foreign Account Tax Compliance Act (FATCA) Declaration**      **Section 3. Tax Residency Declaration**

<p><b>Please tick (√) one of the following:</b></p> <p>i. <input type="checkbox"/> I am a Non-US Person</p> <p>ii. <input type="checkbox"/> I am a US Person</p> <p>iii. <input type="checkbox"/> I am a Non-US Person but one or more of the US indicia below is/are applicable to me.</p> <ul style="list-style-type: none"> <li>I was born in US but am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached copy of non-U.S. passport or non-U.S. government-issued identification document <u>AND</u> copy of Certificate of Loss of Nationality of the US</li> <li>I have current US residential / mailing address</li> <li>I have a current US contact number</li> <li>I have a standing instruction to transfer funds to an account maintained in US</li> <li>I have a power of attorney or signatory authority granted to a person with a US address</li> </ul>	<p><b>Please tick (√) one of the following:</b></p> <p>i. <input type="checkbox"/> I am a Malaysian Tax Resident only.</p> <p>ii. <input type="checkbox"/> I am a Malaysian Tax Resident and have tax residency with other country(ies)/ jurisdiction(s).</p> <p>iii. <input type="checkbox"/> I am not a Malaysian Tax Resident and have tax residency with other country(ies)/jurisdiction(s).</p> <p><b>If you have selected Part 2(ii); or Part 3(i) with one or more of the following indicia is/are applicable to you, please provide your explanation** in the box below:</b></p> <ul style="list-style-type: none"> <li>I have current residence/ mailing address outside of Malaysia</li> <li>I have standing instruction to transfer funds to an account outside of Malaysia</li> <li>I have a foreign telephone number (provided there is no Malaysia telephone number)</li> <li>I granted power of attorney or signatory authority to a person with an address outside of Malaysia</li> </ul>
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**\*\*Explanation:**

**If you have selected Part 2(ii) OR Part 3(ii) OR Part 3(iii), please declare the jurisdictions and the respective TINs that you are a tax resident of other than Malaysia in the following table. If exceed three countries/jurisdictions, please use a separate sheet:**

No.	Country/Jurisdiction of Tax Residence	Taxpayer ID No. (TIN)	If TIN is unavailable, please state reason*

**Reason\*:**  
 A- Jurisdiction does not issue TIN (e.g. Bermuda, British Virgin Islands, Cayman Islands) | B-Jurisdiction does not require the collection of TIN (Australia only) | C-TIN application in progress | D-not required to register tax file | E-housewife / househusband | F-minor | G-student | H-retiree | I-foreign diplomat in embassy | O-Others (please specify)

**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 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 the Inland Revenue Board of Malaysia (IRBM) and they may exchange this information with tax authorities of other countries pursuant to intergovernmental agreements to exchange financial account information.

I have been explained and understood the foreign indicia which could impact the FATCA and CRS. I declare that all statements made in this declaration are, to the best of my knowledge and belief, true, complete and accurate.

I undertake to advise RHB Banking Group within thirty (30) calendar 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 RHB Banking Group with a suitably updated self-certification and declaration within thirty (30) calendar days of such change in circumstances.

I certify that I am the Controlling Person or am an authorized representative to sign for the Controlling Person, of all the accounts held by the Entity Account Holder to which this form relates.

_____ *Signature of Controlling Person	_____ *Full Name	_____ *NRIC / Passport No.	_____ *Date (dd/mm/yyyy)
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If you are not the Controlling Person, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power attorney.

\_\_\_\_\_  
 Capacity (you can leave this field blank if you are the Controlling Person)