

Customer Information & Tax Status Certification Form - Entities

CIF Number:

Full Legal Name						
Trade or DBA Name						
Street Address						
Mailing Address						
Registered Office Address	5					
Addresses of Physical Op	erations (Raise new s	heets of paper if mo	re space is requi	red)		
Contact Name			Title	e		
Role		Telephone			Fax	
E-mail			Website	e URL (If applicab	le)	
Entity Status: Loc	al Overseas	Exempted	Permit	· · · · · · · · · · ·	,	
·	ed Company (Where)				De utur e u e h i u	
					Partnership	Sole Proprietor
Tru:	st 🗌 🗸	Association	Registe	ered Charity	Company Limited	i By Guarantee
s the Entity Regulated?	ner (Specify)	es, Name Regulatory	(s)			
Is the Entity Regulated? ndustry Company Registration/Re	er (Specify)	es, Name Regulatory	(s)	try of Incorporati		Number of Employees
Is the Entity Regulated? Industry Company Registration/Re Is the entity a U.S. Persor	egistered Charity Nur	es, Name Regulatory mber State/Pro	(s) ovince and Coun mpleted W8BEN	itry of Incorporati	ion or Establishment _ and provide completed \	Number of Employees
Is the Entity Regulated? Industry Company Registration/Re Is the entity a U.S. Persor Is the entity a tax residen United Kingdom	er (Specify) Yes No If Ye egistered Charity Nur n for tax purposes? [ut in any other countr Tax ID#	es, Name Regulatory mber State/Pro Yes US TIN #_ No Provide con y? Yes No (1)	(s) ovince and Coun mpleted W8BEN If yes provide der	itry of Incorporati I E confirming US tails below)	ion or Establishment _ and provide completed \	- Number of Employees W9. n and Status.
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CRS - Owner and Controller Details

*Completion of this page is mandatory if you are either a Non-Reporting Financial Institution, or Passive Non-Financial Foreign Entity for CRS.

Does any entity own or control 10% or more of the Entity for which account(s) are provided? 🗌 Yes 🗌 No

If Yes, please provide details of these entities below and complete Customer Information & Tax Status Certification Form - Entities for each of them.

Name of Controlling Entity	Shareholding (%)

Provide details of any individuals that have a controlling interest of 10% or more of the Entity and provide a completed Customer Information Form/Tax Certification for Individuals for each of them.

Full Name	Relationship with Entity (shareholder, beneficiary, etc.)	Date of Birth (DD/MM/YYYY)	Country of Tax Residence (List all applicable countires)	Tax Reference Number (Select N/A if you have not been issued a tax reference number)	Shareholding % (If applicable)
				N/A	

Does any US Person own or control 10% or more ot the Entity? See No

If Yes, please provide complete W9, a copy of which can be obtained from www.irs.gov



BANK USE ONLY

CIF Number:

Certification - Non-Personal Customer

I declare that I have examined the information on this Customer Information Form ("Form") and to the best of my knowledge and belief it is true, correct and complete. I further certify that:

- 1. By signing this Form, I am authorized to complete this Form on behalf of the beneficial owner of the account. Note: If applicable, this assertion must be supported by a certified resolution or a Minute Meeting conferring authorization to make a Certification of Tax Status on behalf of the Beneficial Owner.
- 2. The entity identified below ("the Account Holder") is the beneficial owner of the account(s) and the income to which this Form relates and is using this Form to certify its tax status.
- 3. The Account Holder will comply with all tax and exchange control laws, regulations and reporting requirements ("Laws") imposed by any applicable jurisdiction with which the government of Bermuda has signed an Intergovernmental Agreement or such other agreement to share tax information and to promote transparency on tax matters.
- 4. The Account Holder will notify Clarien of any change in the information provided on this Form or to any circumstances relevant to this Form, or any changes to information relevant to any documents submitted to Clarien in support of this Form (including changes to directors, officers, controllers, substantial owners, passport and residential address information) and will provide Clarien with an updated Form within 30 days of such change being made, together with any supporting documentation of such change occurring. The Account Holder further understands and agrees that any failure to do so shall entitle Clarien, in its sole discretion and in accordance with Clarien's General Terms and Conditions located at www.clarienbank.com, to take such action in respect to any account in which the Account Holder has a beneficial interest as it deems appropriate including suspending that account until full compliance has been met, in accordance with applicable Laws.
- 5. The Account Holder is a tax resident in the countries as identified on this Form and the Account Holder agrees to promptly notify Clarien should there be any changes to its tax status as set out herein.
- 6. The Account Holder hereby voluntarily and unconditionally authorizes Clarien to disclose and report to the appropriate authorities of any jurisdiction and to share tax information and information concerning its account(s) with Clarien, as may be required under Bermuda laws and in accordance with Clarien's policies and procedures. Furthermore, the Account Holder authorizes Clarien to provide copies of this Form together with any supporting documents to its custodian, sub-custodian, counterparties, agents, intermediaries or to any withholding agent that has control, receipt or custody of their income of which it is the beneficial owner or any withholding agent that can disburse or make payments of the income of which it is the beneficial owner as it may be required to do in fulfilling its obligations under any tax agreements.
- 7. In furtherance thereof, the Account Holder undertakes that it will provide Clarien with all Tax Identification Numbers (TIN) and any other relevant information and supporting documentation as may be required to enable Clarien to fulfill its obligations as may be required under Bermuda law and in accordance with Clarien's policies and procedures. The Account Holder acknowledges and understands that Clarien has the right to request additional information at any time and the Account Holder undertakes to provide Clarien with additional information upon request.
- 8. In consideration of the above items and in Clarien continuing to maintain the Account Holder's account, the Account Holder hereby indemnifies on a continuing basis and holds harmless Clarien and its shareholders, directors, officers, employees, servants or agents from any and all claims, liabilities, damages, loss, penalties or expense arising from the lawful disclosure and reporting of any information concerning its account(s) to the appropriate authority.

Signature	Date (DD/MM/YYYY)
Name of Authorised Signatory	Position with respect to Entity/Name of Entity (Account Holder)
Signature	Date (DD/MM/YYYY)
Name of Authorised Signatory	Position with respect to Entity/Name of Entity (Account Holder)



Customer Information & Tax Status Certification Form - Entities

CIF Number:

provat. Dascu upon the informa	tion presented, I am satisfied as to the existence and	
SR/RM/ADMIN	(Signature)	Date (DD/MM/YYYY)
Approved By	(Signature)	Date (DD/MM/YYYY)
FF /		
Banking Operations		
	(f:	
Completed By	(Signature)	Date (dd/mm/yyyy)
Approved By	(Signature)	Date (DD/MM/YYYY)
Notes		