

Customer Information & Tax Status Certification Form - Entities

CIF Number:

Applicant - Corporate/Business Information (Please Print)

Full Legal Name _____

Trade or DBA Name _____

Street Address _____

Mailing Address _____

Registered Office Address _____

Addresses of Physical Operations (Raise new sheets of paper if more space is required)

Contact Name _____

Title _____

Role _____

Telephone _____

Fax _____

E-mail _____

Website URL (If applicable) _____

Entity Status: Local Overseas Exempted Permit

Entity Type: Listed Company (*Where*) _____ Unlisted Company Partnership Sole Proprietor
 Trust Association Registered Charity Company Limited By Guarantee
 Other (Specify) _____

Is the Entity Regulated? Yes No If Yes, Name Regulatory(s) _____

Industry _____

Company Registration/Registered Charity Number _____

State/Province and Country of Incorporation or Establishment _____

Number of Employees _____

Is the entity a U.S. Person for tax purposes? Yes No US TIN # _____ and provide completed W9.
 No Provide completed W8BEN E confirming US FATCA type, Classification and Status.

Is the entity a tax resident in any other country? Yes No (If yes provide details below)

United Kingdom Tax ID# _____ Other _____ Tax ID# _____
 Other _____ Tax ID# _____ Other _____ Tax ID# _____
 Other _____ Tax ID# _____ Other _____ Tax ID# _____

If TIN not provided, provide reason why not provided _____

If the Entity's registered address or address of operations is outside Bermuda but you have not checked an applicable tax jurisdiction or provided a valid TIN for that jurisdiction, please provide explanation as to why. Where appropriate, please provide supporting documentation.

FATCA Entity Type (See W8BENE for details) _____

FATCA Status (See W8BENE for details) _____

GIIN Number - Applicable when entity is a PFFI, Reg DCFFI or Direct Reporting NFFE _____

CRS Entity Classification: Financial Institution:

Reporting Financial Institution Under CRS
 Non Reporting Financial Institution*
Complete Page 2

OR

Non Financial Foreign Entity:

Active (< 50% Gross assets or gross income from investment holdings)
 Passive (≥ 50% Gross assets or gross income from investment holdings)*
Complete Page 2

Tax Certification Received Yes No Date: _____
(DD/MM/YYYY)

W8 BENE Effective Date: _____
(DD/MM/YYYY)

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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)

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BANK USE ONLY

CIF Number:

Bank Use Only

Approval: Based upon the information presented, I am satisfied as to the existence and identity of the above applicant

FSR/RM/ADMIN

(Signature)

Date (DD/MM/YYYY)

Approved By

(Signature)

Date (DD/MM/YYYY)

Banking Operations_____
Completed By

(Signature)

Date (DD/MM/YYYY)

Approved By

(Signature)

Date (DD/MM/YYYY)

Notes _____
