

TAX RESIDENCY SELF-CERTIFICATION FORM (ENTITY)



Proposal No.

Certificate No.

IMPORTANT NOTICE: You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, otherwise the certificate if issued hereunder may be invalidated. If you are in any doubt about whether certain facts are material, these facts should be disclosed.

NOTES :

- Terms used in this form are defined in the separate CRS Appendix.
- This Form will remain valid unless there is a change in circumstances that affects the tax residency status of the Takaful Certificate Owner or causes the information contained herein to become incorrect or incomplete. In that case, you must notify by providing the Takaful Operator with an updated Self-Certification Form within thirty (30) days of such change in circumstances.

PART 1 : Identification of Entity Takaful Certificate Owner

A. Legal name of Entity Takaful Certificate Owner (as per Company registration): _____

B. Entity Unique/Company Registration No.: _____

C. Country of Incorporation or organisation (Country of Company being registered): _____

D. Business Registered Address:

| | | | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|
| Postcode | | | | | | | | | | | Town | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | |

E. Business mailing address (please only complete if different from business registered address.)

| | | | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|
| Postcode | | | | | | | | | | | Town | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | |

PART 2 : Entity Type (Tick ☒ Only One box to provide the Takaful Certificate Owner's status.)

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Financial Institution ("FI") |
| <input type="checkbox"/> | (a) An Investment Entity located in a Non-Participating Jurisdiction and managed by another FI. (If you have ticked this box, please complete the Controlling Person of Entity below) |
| <input type="checkbox"/> | (b) Other Investment Entity |
| <input type="checkbox"/> | (c) Depository Institution, Custodial Institution or Specified Insurance Company |
| <input checked="" type="checkbox"/> | Non-Financial Entity ("NFE") |
| <input type="checkbox"/> | (d) 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. i) Please provide the name of the established securities market on which the corporation is regularly traded: _____ ii) If you are a Related Entity of a Publicly Traded Corporation - please provide the name of the Regularly Traded Corporation that you are a Related Entity of: _____ |
| <input type="checkbox"/> | (e) Active NFE - A Government Entity or Central Bank |
| <input type="checkbox"/> | (f) Active NFE - An International Organisation |
| <input type="checkbox"/> | (g) Other than (d)-(f) (for example a start-up NFE or a non-profit NFE) |
| <input type="checkbox"/> | (h) Passive NFE : A NFE that is not an Active NFE. (If you have ticked this box, please complete the Controlling Person of Entity below) |

Controlling Person(s) of Entity (if you have tick (a) or (h) in Table A above):

- Please indicate name of any Controlling Person(s) of the Takaful Certificate Owner below:
- Complete a separate "Tax Residency Self Certification Form (Controlling Person)" for each Controlling Person.

| No. | Name of Controlling Person(s) of the Takaful Certificate Owner |
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TAX RESIDENCY SELF-CERTIFICATION FORM (CONTROLLING PERSON)

Proposal No.

Certificate No.

IMPORTANT NOTICE: You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, otherwise the certificate if issued hereunder may be invalidated. If you are in any doubt about whether certain facts are material, these facts should be disclosed.

NOTES:

- Terms used in this form are defined in the separate CRS Appendix.
- This Form will remain valid unless there is a change in circumstances that affects the tax residency status of the Takaful Certificate Owner or causes the information contained herein to become incorrect or incomplete. In that case, you must notify by providing the Takaful Operator with an updated Self-Certification Form within thirty (30) days of such change in circumstances.

PART 1 : Identification of a Controlling Person

1. (a) Full Name (including aliases, as per Identification) :

(b) NRIC / Passport No. :

(c) Passport Expiry Date (dd/mm/yyyy): / /

(d) Contact No.: (State Name of Country)

(e) Date of Birth (dd/mm/yyyy) : / /

(f) Place of birth :

(g) Country of birth :

(h) Sex : ☐ Male ☐ Female

(i) Current Residence Address:

Postcode Town

Country

(j) Mailing Address (please only complete if different from your residence address) :

Postcode Town

Country

PART 2 - Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent ("TIN")

Are you currently a tax resident outside Malaysia?

- ☐ No, I am currently solely a tax resident in Malaysia and do not have any foreign tax residency.
- ☐ Yes, I am currently a tax resident in the following list of countries/jurisdictions (please include Malaysia if applicable):

Note : Please complete the following table indicating:

- (i) where the Controlling Person is tax resident;
- (ii) the Controlling Person's TIN for each country/jurisdiction indicated; and
- (iii) if the Controlling Person is a tax resident in a country/jurisdiction that is a "Reportable Jurisdictions" then please also complete Part 3 "Type of Controlling Person".

If the Controlling Person is tax resident in more than five (5) countries/jurisdictions, please use a separate sheet.

*If a TIN is unavailable please provide the appropriate reason **A, B** or **C** where indicated below:

Reason A - The country/jurisdiction where the Controlling Person is resident (liable to pay tax but) does not issue TINs to its residents.

Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number.

(Please explain why you are unable to obtain a TIN if you have selected this reason)

Reason C - No TIN is required.

(Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

| | Country of Tax Residence | TIN | If no TIN available enter Reason A,B or C | | |
|---|--------------------------|-----|--|----------------------------|----------------------------|
| 1 | | | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 2 | | | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 3 | | | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 4 | | | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 5 | | | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

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Certificate No.

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PART 3: Reasonableness Test - Country of Address or Telephone Number outside Country of Tax Residency (where applicable)

i) Please help us understand why your country of address or telephone number differs from the country of tax residency (if any) in the table below.

| Reason (note: please tick only one box) | ✓ |
|--|--------------------------|
| 1. Student at an educational institution in the country of residential/ mailing address/ telephone numbers | <input type="checkbox"/> |
| 2. Working in the country of residential/ mailing address/ telephone numbers for less than 6 months | <input type="checkbox"/> |
| 3. On an educational or cultural exchange visitor program in the country of residential/ mailing address/ telephone numbers for less than 6 months | <input type="checkbox"/> |
| 4. Regular travel between countries/ jurisdictions for work and home | <input type="checkbox"/> |
| 5. Others - Please state: _____ | <input type="checkbox"/> |

ii) Please provide a copy of your national identity card or passport or other government issued identity document of the country(s) you are tax resident of.

PART 4 - Name of Legal Entity & Type of Controlling Person

(Please only complete this section if the Controlling Person in Tax Residence in one or more "Reportable Jurisdiction")

Please provide the Controlling Person's status by ticking one of the appropriate box.

| | |
|---|--|
| <u>Controlling Person of a Legal Person</u> <input type="checkbox"/> Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official | <u>Controlling Person of a Trust</u> <input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Protector <input type="checkbox"/> Beneficiary <input type="checkbox"/> Others |
| <u>Controlling Person of a Legal Arrangement (non-trust)</u> <input type="checkbox"/> Settlor - Equivalent <input type="checkbox"/> Trustee - Equivalent <input type="checkbox"/> Protector - Equivalent <input type="checkbox"/> Beneficiary - Equivalent <input type="checkbox"/> Others - Equivalent | |

DECLARATION AND SIGNATURE

"I certify that I am the Controlling Person (or I am authorised to sign for the Controlling Person) for the family takaful application to which this form relates.

I acknowledge that the information contained in this form, including information regarding the Takaful Certificate Owner and any reportable account(s) may be reported to IRBM and exchanged with the tax authorities of another country or countries in which the Takaful Certificate Owner may be a tax resident, pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this form are, to the best of my knowledge and belief, correct and complete. I undertake to inform the Takaful Operator within 30 days if there is any change in circumstances that affects the tax residency status of the Takaful Certificate Owner or causes the information contained herein to become incorrect or incomplete. I shall provide the Takaful Operator with an updated self-certification form within 90 days of such change in circumstances.

I understand that any person who provides any incorrect information required to be provided under the Malaysian laws of International Tax Compliance shall (unless the person can show that such incorrect information was provided in good faith) be guilty of an offence which is punishable with a fine not less than RM20,000 and not exceeding RM100,000, or imprisonment for up to six (6) months or both."

Date:

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Day Month Year

Signature of Controlling Person

Note : Please indicate the capacity in which you are signing the form.

Name: _____

Capacity: _____