TAX RESIDENCY SELF-CERTIFICATION FORM (ENTITY)



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NO	NOTES:																																
- Te - Th ca an	- 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. C	C. Country of Incorporation or organisation (Country of Company being registered): D. Business Registered Address:																																
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PA	PART 2 : Entity Type (Tick V Only One box to provide the Takaful Certificate Owner's status.)																																
Α.	Y I manda monaton (1)																																
		(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)																															
		(b) Other Investment Entity																															
		(c) Depository Institution, Custodial Institution or Specified Insurance Company																															
	✓	Non-Financial Entity ("NFE")																															
		(d)	С	orpo	rati	on w	vhich	ı is	a F	Relat	ted	Ent	ity o	of which f such olished	a co	rpo	ration																
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		(e)	Α	ctive	e NI	FE -	A G	iove	ernr	nen	t Eı	ntity	or C	entral	Ban	k																	
		(f)	Α	ctive	e NI	FE -	An	Inte	rna	tion	al (Orga	anisa	tion																			
		(g)	C	ther	tha	an (c	l)-(f)	(fo	r ex	amı	ple	a st	art-ı	ıp NFE	or a	a no	n-pro	fit NI	E)														
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NBZ-FSCFE-V00-082025-TAKAFUL

	Proposal No. [Certificate N	o. [
PAR	T 3 : Country	Jurisc	diction	n of Ro	eside	nce for	Tax P	urpo	ses and relate	ed Taxpaver	Ident	ificati	on Nı	umbe	er or	func	tiona	l eaui	valent	("TIN")				
	e entity currentl																			(,				
_	lo, the entity is		•	•			,			, ,			•											
Yes, the entity is currently a tax resident in the following list of countries/jurisdictions (please include Malaysia if applicable):																								
	Country of Tax Residence TIN													* Reason If TIN unavailable										
1														4	□B □C									
2															ΠА	Ą		В	□с					
3															□ A	4		В	□с					
4															ΠА	4		В	□с					
5															□ A	٩		В	□с					
Ple	Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.																							
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2																								
3																								
4																								
5																								
* N	lotes - If a TIN	is una	vailab	le plea	ase pr	ovide tl	ne appr	opria	te reason A, E	3 or C where	indic	ated l	elow	·:										
	leason A - The leason B - The													to its	s resi	ident	ts							
									TIN in the bei					this re	easoi	n)								
R	leason C - No	TIN is i	requir	ed.						-								T/A /	. ,					
		e. Only such ju			reaso	n if the	aomes	tic ia	w of the releva	ant jurisdictioi	n doe.	s not r	equire	tne :	colle	ction	of the	e I IIN I	ssued					
lf	the Takaful Ce				tax res	sident i	n more	than	five countries	jurisdictions,	pleas	e use	a sep	arate	she	et.								
PAR	T 4 : Reasona	ablene	ss Te	st - Co	ountry	of Ad	dress o	or Te	lephone Num	ber outside	Coun	try of	Tax F	Resid	lency	y (wł	nere a	pplica	ıble)					
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	ARATION OF						ouriti y (s	s) yo	u are tax resid	ent or.														
	rtify that I am a						l Certifi	cate	Owner of all th	ne accounts t	o whi	h this	form	relate										
	nowledge that			-												er ar	nd anv	v repor	table					
acco	unt(s) may be a tax	reporte	d to II	RBM a	and ex	change	ed with t	the ta	ax authorities o	of another co	untry	or cou	ntries	in wh	hich t									
	lare that all sta					-				_						ndert	ake to	inforr	n the					
Taka	ıful Operator wi	thin 30	days	if ther	re is a	ny char	nge in c	ircur	nstances that	affects the ta	x resi	dency	status	s of th	he Ta	akafu	ul Cert	tificate	Owner					
	es the informat within 90 days							ect o	r incomplete. I	snall provide	tne	akatu	п Оре	rator	with	an u	paate	a self-	certifica	ation				
	lerstand that ar							nform	ation required	to be provide	ed un	der the	e Mala	aysiar	n law	s of	Intern	ationa	l Tax					
Com	pliance shall (u	ınless t	the pe	erson c	an sh	ow that	such in	ncorr	ect information	n was provide	ed in g	good fa	aith) b	e gui	ilty of	f an d	offenc	e whic						
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Sign	nature of Takaf	ul Cert	ificate	Owne	er				Note : Ple	ease indicate	the ca	apacity	ın wl	nich y	ou a	ıre si	gning	the fo	rm.					
Nan	ne:								Capacity:									-						

1 /-	TAX RESIDENCY SELF-CENTIFICATION FORM (CONTROLLING PERSON)																															
	posal No	L															tifica										\mathbb{L}]		
	MPORTANT 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 ssued hereunder may be invalidated. If you are in any doubt about whether certain facts are material, these facts should be disclosed.																															
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causes	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																															
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1 (d)	(b) NRIC / Passport No. : (c) Passport Expiry Date (dd/mm/yyyy):																															
(d) ((d) Contact No.:																															
(e) [(e) Date of Birth (dd/mm/yyyy): (State Name of Country) (f) Place of birth:																															
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F	Postcode					То	wn																									
_ c	Country																															
(i) N	(j) Mailing Address (please only complete if different from your residence address):																															
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Proposal No.	Certificate No.										
PART 3: Reasonableness Test - Country of Address or Telephone Nu	mber outside Country of Tax Residency (where applicable)										
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) ✓											
Student at an educational institution in the country of residential/ mailing address/ telephone numbers											
1. Student at an educational institution in the country of residential/ mailing address/ telephone numbers											
2. Working in the country of residential/ mailing address/ telephone numbers for less than 6 months											
3. On an educational or cultural exchange visitor program in the country of residential/ mailing address/ telephone numbers for less than 6 months											
4. Regular travel between countries/ jurisdictions for work and home											
5. Others - Please state:											
ii) Please provide a copy of your national identity card or passport or othe tax resident of.	r government issued identity document of the country(s) you are										
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")											
lease provide the Controlling Person's status by ticking one of the appropriate box.											
Controlling Person of a Legal Person	Controlling Person of a Trust										
☐ Control by ownership	☐ Settlor ☐ Beneficiary										
☐ Control by other means	☐ Trustee ☐ Others										
☐ Senior managing official ☐ Protector											
Controlling Person of a Legal Arrangement (non-trust)											
☐ Settlor - Equivalent ☐ Beneficiary - Equivalent											
☐ Trustee - Equivalent	☐ Others - Equivalent										
Protector - Equivalent											
DECLARATION AND SIGNATURE											
"I certify that I am the Controlling Person (or I am authorised to sign for the form relates."	, , , , , , , , , , , , , , , , , , , ,										
I acknowledge that the information contained in this form, including inform account(s) may be reported to IRBM and exchanged with the tax authoriti Owner may be a tax resident, pursuant to intergovernmental agreements	es of another country or countries in which the Takaful Certificate										
I declare that all statements made in this form are, to the best of my know Takaful Operator within 30 days if there is any change in circumstances t causes the information contained herein to become incorrect or incomple form within 90 days of such change in circumstances.	hat affects the tax residency status of the Takaful Certificate Owner or										
Compliance shall (unless the person can show that such incorrect information)	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: / Day Mor	/ 2 0 Year										
	: Please indicate the capacity in which you are signing the form.										
Name: Capa	city:										