

CONTROLLING PERSON CERTIFICATION FORM

Please complete sections 1-5 in BLOCK LETTERS

Section 1: Identification of Controlling Person

Legal Name of Entity

Business Registration No.

Section 2: Details of Controlling Person

Title

First Name

Last Name

Date of Birth
(DD/MM/YYYY)

NRIC/Passport Number

Nationality

Residential/Registered/Permanent Address

Town/City

Country

Section 2: Declaration of Tax Residency (other than U.S.)

Please tick one option and complete as appropriate:

- I confirm that I am a tax resident in Malaysia and do not have any foreign tax residency and/or foreign indicia.
- I confirm that I am a tax resident of the following countries: Please provide the tax residency information in the following table. If exceed three countries, please use a separate sheet

Country of Tax Residency	Taxpayer ID No. (TIN)	If no TIN, tick one of the reasons
		<input type="checkbox"/> A Country does not issue TIN <input type="checkbox"/> B Country does not require the collection of TIN <input type="checkbox"/> C Others – circle where applicable <small>TIN application in progress not required to register tax file housewife househusband minor student retiree foreign diplomat in embassy</small>
		<input type="checkbox"/> A Country does not issue TIN <input type="checkbox"/> B Country does not require the collection of TIN <input type="checkbox"/> C Others – circle where applicable <small>TIN application in progress not required to register tax file housewife househusband minor student retiree foreign diplomat in embassy</small>
		<input type="checkbox"/> A Country does not issue TIN <input type="checkbox"/> B Country does not require the collection of TIN <input type="checkbox"/> C Others – circle where applicable <small>TIN application in progress not required to register tax file housewife househusband minor student retiree foreign diplomat in embassy</small>

Section 3: Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

Please tick one option and complete as appropriate:

- I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes (i.e. green card holder or resident under the substantial presence test).

U.S. Federal	TIN Type
	<input type="checkbox"/> SSN Social Security Number: U.S. individuals
	<input type="checkbox"/> ITIN Individual Taxpayer Identification Number: Resident Alien and do not have/not eligible to get an SSN
	<input type="checkbox"/> EIN Employer Identification Number

- I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

- I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.

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"/> Settlor	<input type="checkbox"/> Settlor-equivalent
<input type="checkbox"/> Control by other means	<input type="checkbox"/> Trustee	<input type="checkbox"/> Trustee-equivalent
<input type="checkbox"/> Senior Managing Official	<input type="checkbox"/> Protector	<input type="checkbox"/> Protector-equivalent
	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Beneficiary-equivalent
	<input type="checkbox"/> Other	<input type="checkbox"/> Other-equivalent

Section 5: Declaration and Undertaking

I understand that the information supplied by me is subject to the MSSB Terms and Conditions, which has been made available to me.

I acknowledge that the information contained in this form and information regarding my account(s) with you may be provided to IRBM and they may exchange this information with tax authorities of other countries pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise you within 30 days of any change in circumstances which affects the tax residency status of the Individual or Registered Entity named in Section 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide you with a suitably updated self-certification and declaration within 90 days of such change in circumstances.

Signature

Name :

NRIC/Passport Number :

Date (DD/MM/YYYY) :

Company Stamp



I certify that I am an authorised representative for the Individual or Registered Entity documented in the present form