

CORPORATE ACCOUNT OPENING FORM

Instructions for Customers:

- Please complete this form in English using BLACK ink, BLOCK CAPITALS and tick wherever appropriate. • Any overwriting or alteration should be countersigned (full signature only). • All fields are mandatory, incomplete forms may not be processed.

BUSINESS PARTICULARS

| | | | | | | | | | | | | | |
|---|------------------------------|--|-----------------------------|--|-------------------------------|--|--|--|--|--|--|--|------------|
| Name of the Company/ Establishment: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Date of Incorporation/Registration: | | | | | | | | | | | | | (DDMMYYYY) |
| Incorporation / Registration No.: | | | | | | | | | | | | | |
| Country of Incorporation / Registration: | | | | | | | | | | | | | |
| Country of Operation: | | | | | | | | | | | | | |
| Any previous Company Name since Inception?: | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | If yes, please specify: _____ | | | | | | | | |

REGISTERED ADDRESS:

| | | | | | | | | | | | | | | | | |
|------------------|--|--|--|--------------|-----------------|--|----------|--|--|--|--|--|--|--|--|--|
| Block/House No.: | | | | Street Name: | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | Unit Number: | | | | | | | | | | | | |
| Premise Name: | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Street No.: | | | | | Building Level: | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | | | | | |
| Country: | | | | | Postal Code: | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| Tel No.: | | | | | | | Fax No.: | | | | | | | | | |

MAILING ADDRESS: (PLEASE STATE IF DIFFERENT FROM REGISTERED ADDRESS)

| | | | | | | | | | | | | | | | | |
|------------------|--|--|--|--------------|-----------------|--|----------|--|--|--|--|--|--|--|--|--|
| Block/House No.: | | | | Street Name: | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | Unit Number: | | | | | | | | | | | | |
| Premise Name: | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Street No.: | | | | | Building Level: | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | | | | | |
| Country: | | | | | Postal Code: | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| Tel No.: | | | | | | | Fax No.: | | | | | | | | | |

BUSINESS PROFILE
Business Entity Type

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Public Listed Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust | <input type="checkbox"/> Non - Government Organization |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Club / Society / Association | <input type="checkbox"/> Others (Please specify: _____) | |

Nature of Business

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Agriculture / Fishing / Mining | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Transportation & Communication |
| <input type="checkbox"/> General Commerce (Export / Import / Trading) | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Professional Services | |
| <input type="checkbox"/> Trust / Nominee / Fiduciary Service | <input type="checkbox"/> Charity | <input type="checkbox"/> Casino & Gaming | <input type="checkbox"/> Jewellery Dealer |
| <input type="checkbox"/> Money Changer / Remitter | <input type="checkbox"/> Real Estate Agent / Broker | | |
| <input type="checkbox"/> Cash Intensive Business (Restaurant / Convenience Stores) | <input type="checkbox"/> Others (please specify: _____) | | |

Association the entity may have with other countries / jurisdictions: _____

Major Source of Wealth

- | | | |
|---|--|--|
| <input type="checkbox"/> Business Operations | <input type="checkbox"/> Funds from Owners | <input type="checkbox"/> Investment Proceeds |
| <input type="checkbox"/> Others (Please specify: _____) | | |

Source of Fund: _____

Estimated Annual Revenue

- | | | |
|--|---|--|
| <input type="checkbox"/> <USD250,000 | <input type="checkbox"/> USD250,001 – USD1,000,000 | <input type="checkbox"/> USD1,000,001 – USD5,000,000 |
| <input type="checkbox"/> USD5,000,001 – USD 25 million | <input type="checkbox"/> >USD25.0 million (Please specify: _____) | |

TRANSACTION PROFILE
Purpose of Account opening

- | | |
|--|---|
| <input type="checkbox"/> Deposits | <input type="checkbox"/> Investments in bonds / structured products / CIS |
| <input type="checkbox"/> Leveraged investments/Secured Loans / Credit facilities | <input type="checkbox"/> Third party remittances |
| <input type="checkbox"/> Others (Please specify: _____) | |

Anticipated Annual Banking Relationship size

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> <USD75000 | <input type="checkbox"/> USD75,001-USD200,000 | <input type="checkbox"/> USD250,001-USD500,000 | <input type="checkbox"/> USD500,001-USD1,000,000 |
| <input type="checkbox"/> USD1,000,001- USD5,000,000 | <input type="checkbox"/> USD5,000,001- USD10,000,000 | <input type="checkbox"/> > USD10,000,000 (Please specify: _____) | |

Anticipated no of investment/banking transactions per annum

- | | | | |
|---|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> < 5 | <input type="checkbox"/> 5-10 | <input type="checkbox"/> 10-20 | <input type="checkbox"/> 20-50 |
| <input type="checkbox"/> > 50 (Please specify: _____) | | | |

ADDITIONAL INFORMATION

Does the customer have any other relationships of related parties (related parties may be individuals or coporate) with the Singapore branch?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes (Please specify Customer ID: _____) | <input type="checkbox"/> No |
|--|-----------------------------|

Does the customer have any existing relationship with ICICI Bank or its branches?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes (Please specify Customer ID: _____) | <input type="checkbox"/> No |
|--|-----------------------------|

 Does the company issue bearer shares? Yes No

 Are there nominee shareholders in the company? Yes No

 Are there nominee director in the company? Yes No

Senior Public Figure Declaration

I/ We hereby declare that:

I/ We nor any of my/ our shareholder(s) and/ or beneficial owner(s) hold, have ever held and are not actively seeking to hold or being considered for the position of a senior public figure

I/We and/or any of my/ our shareholder(s) and/ or beneficial owner(s) currently hold have held, the position of senior public figure.

Residential Status

Singapore Resident Singapore Non-Resident

GST Number (For Resident Only and if applicable)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Entity PAN Number declaration

I/We confirm that the entity mentioned under the business particulars section hold do not hold a Permanent Account Number (PAN) issued by Indian taxation authorities in the name of the entity or in the name of any branch or any other office located in India.

PAN :

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | Owner / Controller 1 | Owner / Controller 2 |
|--|---|---|
| Occupation / Employment Details: | | |
| Name of Beneficial owner including all aliases | | |
| Details of any other relationship (single or joint) with ICICI Bank Limited (If yes, please provide Customer ID) | | |
| Designation in organization (Proprietor, Partner, Director, etc.) | | |
| Nature of occupation / employment | <input type="checkbox"/> Self-employed / Business <input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify _____) | <input type="checkbox"/> Self-employed / Business <input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify _____) |
| Estimated annual income of the owner | <input type="checkbox"/> Upto USD 100,000 <input type="checkbox"/> USD 100,001 – USD 250,000 <input type="checkbox"/> USD 250,001 – USD 500,000 <input type="checkbox"/> USD 500,001 – USD 1,000,000 <input type="checkbox"/> >USD 1,000,001 – USD 5,000,000 <input type="checkbox"/> Greater than USD 5,000,000 (Please specify _____) | <input type="checkbox"/> Upto USD 100,000 <input type="checkbox"/> USD 100,001 – USD 250,000 <input type="checkbox"/> USD 250,001 – USD 500,000 <input type="checkbox"/> USD 500,001 – USD 1,000,000 <input type="checkbox"/> >USD 1,000,001 – USD 5,000,000 <input type="checkbox"/> Greater than USD 5,000,000 (Please specify _____) |
| Major Source of Income / Wealth of the owner | <input type="checkbox"/> Salary <input type="checkbox"/> Income from Business <input type="checkbox"/> Pension / Retirement savings <input type="checkbox"/> Investment proceeds <input type="checkbox"/> Inheritances <input type="checkbox"/> Spouse/Parent/Relatives <input type="checkbox"/> Gift <input type="checkbox"/> Others (Please specify _____) | <input type="checkbox"/> Salary <input type="checkbox"/> Income from Business <input type="checkbox"/> Pension / Retirement savings <input type="checkbox"/> Investment proceeds <input type="checkbox"/> Inheritances <input type="checkbox"/> Spouse/Parent/Relatives <input type="checkbox"/> Gift <input type="checkbox"/> Others (Please specify _____) |
| Estimated Net invested assets of owner* (All assets less the liabilities. The residential home is not to be considered). | <input type="checkbox"/> Upto USD 250,000 <input type="checkbox"/> USD 250,001 – USD 500,000 <input type="checkbox"/> USD 500,001 – USD 1,000,000 <input type="checkbox"/> Greater than USD 1,000,000 <input type="checkbox"/> (Please specify _____) | <input type="checkbox"/> Upto USD 250,000 <input type="checkbox"/> USD 250,001 – USD 500,000 <input type="checkbox"/> USD 500,001 – USD 1,000,000 <input type="checkbox"/> Greater than USD 1,000,000 <input type="checkbox"/> (Please specify _____) |
| Proof of Income | <input type="checkbox"/> Salary Slip <input type="checkbox"/> Income Tax Return <input type="checkbox"/> Relationship value/ net worth letter from banks <input type="checkbox"/> Audited financial statement of the business <input type="checkbox"/> Others (Please specify: _____) | <input type="checkbox"/> Salary Slip <input type="checkbox"/> Income Tax Return <input type="checkbox"/> Relationship value/ net worth letter from banks <input type="checkbox"/> Audited financial statement of the business <input type="checkbox"/> Others (Please specify: _____) |

APPLICATION OF ACCOUNT

| Current Account | |
|---|--|
| <input type="checkbox"/> SGD | <input type="checkbox"/> USD |
| <input type="checkbox"/> EUR | <input type="checkbox"/> GBP |
| <input type="checkbox"/> Others (Please specify: _____) | |
| Term Deposits | |
| Type <input type="checkbox"/> With Premature Withdrawal <input type="checkbox"/> Without Premature Withdrawal * | Type <input type="checkbox"/> With Premature Withdrawal <input type="checkbox"/> Without Premature Withdrawal * |
| Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Tenor: <input type="text"/> <input type="text"/> Months | Tenor: <input type="text"/> <input type="text"/> Months |
| #Interest payment: <input type="checkbox"/> On maturity <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual | #Interest payment: <input type="checkbox"/> On maturity <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual |

* The Fixed Deposit, without the option of premature withdrawal, does not have premature withdrawal facility i.e. the Fixed Deposit cannot be closed by the depositor before expiry of the term of such deposit. However, the Bank may allow premature withdrawal of these deposits in following exceptional circumstances: in the event of any direction from any statutory and/or regulatory authority or deceased claim settlement cases. In the event of premature withdrawal of these deposits under abovementioned exceptional circumstances, the Bank will not pay any interest on the principal amount of the deposit. Any interest credited or paid upto the date of such premature closure will be recovered from the deposit amount.

Mode of Funding

Debit my/our account No. with ICICI Bank Singapore branch

Remittance from remitting bank _____, bank address _____
_____ and remittance reference No. _____
of currency and amount _____

(The reference number shall help us in identifying your funds and enable us to open your deposit account. In absence of the reference number, we may not be able to identify your funds easily which may lead to delays in opening your deposit account).

Chequebook Request (only for SGD account)

Chequebook required Yes No

Maturity Instructions (Applicable only for Term Deposits)

Renew principal plus interest on maturity date for *days/week(s)/month(s)/year(s) at the prevailing interest rate, with other terms of the term deposit remaining the same.

Renew principal on maturity date for *days/week(s)/month(s)/year(s) or to mature on at the prevailing interest rate and pay interest #; with other terms of the term deposit remaining the same.

Repay principal and interest by

Credit ICICI Bank Account No.

Telegraphic Transfer:

Name _____ Account No _____

Bank _____

*Charges may be applicable

SHAREHOLDING UNDERTAKING AND DECLARATION

In consideration of ICICI Bank Limited, Singapore Branch (hereinafter referred to as "ICICI Bank") agreeing to establish a banking relationship with us (the "Company"), we do hereby agree, confirm, undertake and declare that at the start of and during the entire period/ tenure of the banking relationship of the Company with ICICI Bank:

- (i) The shareholding pattern of the Company as detailed in Annexure A hereunder is and shall continue to remain correct and updated to reflect our true and up-to-date records as of

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

 (DDMMYYYY). The Company declares and confirms that all control over and beneficial interest in the Company is vested only in shares and no transfer of its shares is effective unless such transfer has been registered with the Company (For the purposes of this clause, "transfer" includes all manners of transfer in or charge over the ownership of the shares and transfers of any beneficial interest in the share of the Company, and, "control", together with its grammatical variations when used with respect to the Company, means the power to direct the management and policies of such Company, directly or indirectly, whether through the ownership of the vote carrying securities, by contract or otherwise howsoever).
- (ii) so long as the Company has a banking relationship with ICICI Bank:-
- (a) the Company shall, immediately upon issuance/allotment by the Company of any shares (whether present or future), inform ICICI Bank of details (as per Annexure A) of the issuance/allotment of such shares;
- (b) the Company shall upon, recognizing and/ or registering any transfer of shares, both present and future, (as detailed in Annexure A) in the capital of the Company inform ICICI Bank of the details of such transfer of shares, within 15 calendar days of such transfer/ recognition/registration or prior to carrying out any such transaction through or related to the relationship with ICICI Bank, whichever is earlier;
- (c) All requisite approvals and other actions required to be taken by the Company in connection with the execution of this undertaking and the performance by the Company of its obligations hereunder have been taken and this undertaking will constitute the its legally valid, binding and enforceable obligations.

The Company agrees and affirms that it is on the faith of its aforesaid agreements, confirmations, declarations and undertakings that ICICI Bank has agreed to establish a banking relationship with the Company. In the event of failure by the Company to comply with any terms contained in herein or if any statement hereto is or becomes false or misleading, ICICI Bank shall be entitled to treat the banking relationship as void ab initio or terminate its banking relationship forthwith with the Company, at its sole discretion. The Company acknowledges that ICICI Bank shall be at liberty to refuse to carry out or suspend any transactions relating to such banking relationship until it has completed its due diligence pursuant to any change in the control in or over the beneficial interest of any nature whatsoever in the Company.

The Company further agrees and confirms, for the avoidance of doubt, that the term "banking relationship", when used in herein means opening, operation and maintenance of a banking account with ICICI Bank (in accordance with its prevailing standard procedures and policies) and/or extending such other banking services/ facilities as may be requested by the Company and agreed by ICICI Bank from time to time (as per such terms and conditions as stipulated and in accordance with its prevailing standard procedures and policies of ICICI Bank). Nothing contained herein shall be construed to create an obligation on ICICI Bank to provide any of its products and services (including without limitation, any credit facilities) to the Company, which shall be provided only if and when approved by ICICI Bank in accordance with its prevailing standard procedures and policies.

This undertaking shall be governed and construed in accordance with the laws of Singapore and we hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Singapore in the event of any dispute hereunder.

Annexure A - Details of Shareholding

| Name of Shareholder | No. of Shares | Percentage of shareholding | Paper/Electronic |
|---------------------|---------------|----------------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

*Please provide details if required on additional page for substantial ownership and duly signed by Authorised Signatory

CUSTOMER DECLARATION FOR WITHHOLDING TAX PURPOSES

Please tick only one

- The control and management of the company's business is exercised in Singapore
- We carry on business in Singapore or have a permanent establishment in Singapore and the control and management of the company's business is exercised outside Singapore
- We have a permanent establishment in Singapore but have been granted a waiver from withholding tax by the Inland Revenue Authority of Singapore ("IRAS"). Please refer to the certified true copy of the letter from IRAS attached for your records.
- The control and management of the company's business is exercised outside Singapore and
- (a) We do not have a permanent establishment in Singapore, and
- (b) We do not carry on business in Singapore

1. We hereby declare that the information given in this declaration form is true and correct.
2. We undertake to promptly notify "ICICI Bank Limited, Singapore branch (the "bank") in writing of any change of information declared above.
3. We agree that we shall be solely responsible for ensuring the accuracy and completeness of the information declared above and the bank shall not be responsible for any loss or damage suffered by us as a result of the above information being inaccurate or incomplete in any way.
4. We agree and understand that the Bank may, based on the information provided above, deduct withholding tax from our account, as required by IRAS. We authorize the Bank to deduct such amount and agree that we will not make any claims on the Bank in this regard.

Definition of permanent establishment in Section 2 of Singapore Income Tax Act (Chapter 134)

"permanent establishment" means a fixed place where a business is wholly or partially carried on including –

- (a) a place of management
- (b) a branch;
- (c) an office;
- (d) a factory
- (e) a warehouse;
- (f) a workshop;
- (g) a farm or plantation;
- (h) a mine, oil well, quarry or other place of extraction of natural resources;
- (i) a building or work site or a construction, installation or assembly project, and without prejudice to the generality of the foregoing, a person shall be deemed to have a permanent establishment in Singapore if that person –
- (j) carries on supervisory activities in connection with a building or work site or a construction, installation or assembly project; or
- (k) has another person acting on that person's behalf in Singapore who –
 - (i) has and habitually exercises an authority to conclude contracts;
 - (ii) maintain a stock of goods or merchandise for the purpose of delivery on behalf of that person; or
 - (iii) habitually secures orders wholly or almost wholly for that person or for such other enterprises are controlled by that person.

ENTITY FATCA/CRS SELF-CERTIFICATION FORM
Part I- Identification of Account Holder

Please fill in for each of the following (Please complete in BLOCK LETTERS):

*Compulsory Fields

| | | | |
|----|--|--|---|
| a) | Identification of Account Holder | | |
| | *Customer ID | | |
| | *Legal Name of Entity/Organisation/Branch | | |
| | *Country of Incorporation/Organisation | | |
| b) | Registered Address (Do not use a P.O. box or an 'in care of' address) | | |
| | *Line 1 (eg. House/Apt/Suite Name, Number, Street) | | |
| | *Line 2 (e.g. Town/City/Province/County/State) | | |
| | *Postal Code / Zip Code (if any) | | |
| | *Country | | |
| c) | Mailing Address | | |
| | *Is your Mailing Address the same as your current residential address? (Please tick [√] where applicable) | <input type="checkbox"/> Yes Please leave part (c) blank | <input type="checkbox"/> No If no, please fill in below |
| | *Line 1 (eg. House/Apt/Suite Name, Number, Street) | | |
| | *Line 2 (e.g. Town/City/Province/County/State) | | |
| | *Postal Code / Zip Code (if any) | | |
| | *Country | | |

Part II- Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number ("TIN"):

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

If the Account Holder is tax resident in more than three 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 Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table 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/Jurisdiction of Tax Residence | TIN | If no TIN available, enter reason A, B or C |
|---------------------------------------|-----|---|
| 1) | | |
| 2) | | |
| 3) | | |

Note: If you have indicated above tax residence in the United States, please also provide a completed and signed Form W-9

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

| | | |
|----|--|--|
| 1) | | |
| 2) | | |
| 3) | | |

Part III- ENTITY Type
Please provide the Account Holder's Status by ticking one of the following boxes on the left. For Financial Institutions, please select from (1) A to F. For Non-Financial Institutions, please select from (2) G to Q

| 1 FINANCIAL INSTITUTION | | |
|--|--|------------------------|
| (a) FATCA STATUS (Not Applicable for U.S. Entity) | | |
| A <input type="checkbox"/> | <ul style="list-style-type: none"> The Entity is a Participating Foreign Financial Institution and Its GIIN (Global Intermediary Identification Number) is <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Please fill up the above GIIN if selecting option 1A) | Participating FFI |
| B <input type="checkbox"/> | <ul style="list-style-type: none"> This is a Non-Participating Foreign Financial Institution | Non-Participating FFI |
| C <input type="checkbox"/> | <ul style="list-style-type: none"> Other types of Foreign Financial Institutions. Please complete and submit the appropriate US IRS Form W-8 | |
| (b) CRS Status | | |
| D <input type="checkbox"/> | <ul style="list-style-type: none"> It is an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution Please also complete. Part IV- Declaration of Controlling Persons | Non-Participating FIEE |
| E <input type="checkbox"/> | <ul style="list-style-type: none"> It is an Investment Entity other than (D) above. | FIEE |
| F <input type="checkbox"/> | <ul style="list-style-type: none"> It is a Depository Institution, Custodial Institution or Specified Insurance Company | Financial Institution |

| 2 NON-FINANCIAL INSTITUTION | | | |
|---|--|--------------|------------|
| | | FATCA Status | CRS Status |
| (a) Active Non-Financial Institution | | | |
| G <input type="checkbox"/> | Active Business <ul style="list-style-type: none"> It derives at least 50% of its gross income (for the previous calendar year) from these business activities and not from passive income such as investments, dividends, interests, rents or royalties, and At least 50% of the weighted average percentage of assets held by it (tested quarterly, using fair market value or book value of assets as reflected in your balance sheet) produce or are held to produce income for these business activities | Active NFFE | Active NFE |
| H <input type="checkbox"/> | Public Sector Entity <ul style="list-style-type: none"> It is one of the following: <ul style="list-style-type: none"> - Government Agencies - Statutory Boards - Entities owned by Statutory Boards - Public Sector entities - Foreign Embassies or Trade Representative Offices | Active NFFE | Active NFE |
| I <input type="checkbox"/> | Publicly Listed Company or its Related Entity <ul style="list-style-type: none"> Its stock is regularly traded on one or more established securities markets, or It is an affiliate (in other words, a member) of an entity the stock of which is regularly traded on an established securities market | Active NFFE | Active NFE |
| J <input type="checkbox"/> | Liquidating or Emerging from Bankruptcy Company <ul style="list-style-type: none"> It was not an FI in the past five years; and It is in the process of liquidating its assets or is re-organizing | Active NFFE | Active NFE |

| | | | |
|--|---|---|----------------------------------|
| | with the intent to continue or recommence operations in a business other than that of an FI | | |
| K <input type="checkbox"/> | Holding Company of Non-Financial Groups <ul style="list-style-type: none"> Substantially all of the activities of the entity consist of holding the outstanding shares of, or providing financing and services to, one or more subsidiaries that are not FIs; and It does not function (or hold itself out) as an investment fund, e.g. private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capita assets for investment purposes. | Active NFFE | Active NFE |
| L <input type="checkbox"/> | Treasury / Financing Centre of Corporate Groups <ul style="list-style-type: none"> It engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and It does not provide financing or hedging services to any entity that is not a Related Entity | Active NFFE | Active NFE |
| M <input type="checkbox"/> | International Organisation <ul style="list-style-type: none"> It is an intergovernmental organisation or a supranational organisation comprised primarily of governments | Active NFFE | Active NFE |
| N <input type="checkbox"/> | Start-up Company (Non-Financial Institution) <ul style="list-style-type: none"> It is just starting and not yet in operations, and has no prior operating history The date of its incorporation is not more than 24 months prior to the date of this Self-Certification Form | Active NFFE | Active NFE |
| O <input type="checkbox"/> | Non-profit Organization <ul style="list-style-type: none"> It is a Charity or Non-Profit Organisation (including charitable trusts) | Active NFFE | Active NFE |
| P <input type="checkbox"/> | None of the above. <ul style="list-style-type: none"> Please seek professional tax advice and specify your classification in the box to the right | Please kindly complete the appropriate US IRS W-8 / W-9 and submit it together with this form | Classification (Please specify): |
| (b) Passive Non-Financial Institution | | | |
| Q <input type="checkbox"/> | Passive Investment Entity <ul style="list-style-type: none"> It derives more than 50% of its gross income (for the previous calendar year) from passive income such as investments, dividends, interests, rents or royalties. Please also complete. Part IV- Declaration of Controlling Persons | Passive NFFE | Passive NFE |

Part IV- Declaration of Controlling Persons

This section is only applicable if you have selected Part III – 1(b) selection D or Part III – 2(b) selection Q. Please complete for all Controlling Persons including any US Substantial Owners (e.g. owns 25% of the Entity). In addition, each Controlling Person is to provide the tax residence information by completing the Self Certification on Tax Residency Status (Individual) Form

| | |
|-------------------------------|---|
| 1 Controlling Person 1 | |
| a) | Name of Account Holder |
| | *Family Name or Surname(s): |
| | *First or Given Name |
| | Middle Name (s): |
| b) | Current Residence Address (Do not use a P.O. Box Address) |
| | *Line 1 (eg. House/Apt/Suite Name, Number, Street) |
| | *Line 2 (e.g. Town/City/Province/County/State) |
| | *Postal Code / Zip Code (if any) |
| | *Country |

| | | | |
|----|--|--|---|
| c) | Mailing Address | | |
| | *Is your Mailing Address the same as your current residential address? (Please tick [√] where applicable) | <input type="checkbox"/> Yes Please leave part (c) blank | <input type="checkbox"/> No If no, please fill in below |
| | *Line 1 (eg. House/Apt/Suite Name, Number, Street) | | |
| | *Line 2 (e.g. Town/City/Province/County/State) | | |
| | *Postal Code / Zip Code (if any) | | |
| | *Country | | |
| d) | Date / Place of Birth | | |
| | *Date of Birth (dd/mm/yyyy) | | |
| | *Town / City | | |
| | *Country | | |
| e) | Legal Name of the relevant Entity Account Holder(s) of which you are a Controlling Person | | |
| | Legal Name 1 | | |
| | Legal Name 2 | | |
| | Legal Name 3 | | |

FATCA Certification

Please tick [√] only one box

Either

I Confirm that I am a "US Person"

If you are a US person, please provide your US Taxpayer Identification number (TIN):

You will also need to complete the W-9 Form and provide necessary supporting documents

OR

I Confirm that I am a not "US Person"

If you were born in the U.S, please provided the following documents:

i) Certificate of loss of nationality of the US ii) Form I-407

Note: Definition of 'US PERSON'

- A citizen or permanent resident of the United States (e.g US Green Card holder or someone who meets the requirements to be considered a resident under the 'substantial presence test') or
- Any other person that is not a foreign person (as defined under US federal tax law)

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of

Singapore NRIC/FIN: _____

United States of America TIN:

Others Please complete the table below

| Country of Tax Residence | Taxpayer Identification No. (TIN) | If no TIN, indicate reason Tick only one |
|--------------------------|-----------------------------------|---|
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |

| | | |
|--|--|---|
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |
|--|--|---|

| Type of Controlling Person 1 | |
|-------------------------------------|---|
| A | <input type="checkbox"/> Controlling Person of a legal person – control by ownership |
| B | <input type="checkbox"/> Controlling Person of a legal person – control by other means |
| C | <input type="checkbox"/> Controlling Person of a legal person – senior managing official |
| D | <input type="checkbox"/> Controlling Person of a trust - settlor |
| E | <input type="checkbox"/> Controlling Person of a trust – trustee |
| F | <input type="checkbox"/> Controlling Person of a trust – protector |
| G | <input type="checkbox"/> Controlling Person of a trust – beneficiary |
| H | <input type="checkbox"/> Controlling Person of a trust – other |
| I | <input type="checkbox"/> Controlling Person of a legal arrangement (non-trust) – settlor-equivalent |
| J | <input type="checkbox"/> Controlling Person of a legal arrangement (non-trust) – trustee-equivalent |
| K | <input type="checkbox"/> Controlling Person of a legal arrangement (non-trust) – protector-equivalent |
| L | <input type="checkbox"/> Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent |
| M | <input type="checkbox"/> Controlling Person of a legal arrangement (non-trust) – other-equivalent |

| 2 Controlling Person 2 | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|---|--|---|--|--|----------|--|--|--|----------------------------------|--|--|----------|--|--|
| a) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: left; padding: 5px;">Name of Account Holder</th> </tr> <tr> <td style="width: 40%; padding: 5px;">*Family Name or Surname(s):</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*First or Given Name</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Middle Name (s):</td> <td style="padding: 5px;"></td> </tr> </table> | Name of Account Holder | | *Family Name or Surname(s): | | *First or Given Name | | Middle Name (s): | | | | | | | | | | | |
| Name of Account Holder | | | | | | | | | | | | | | | | | | | |
| *Family Name or Surname(s): | | | | | | | | | | | | | | | | | | | |
| *First or Given Name | | | | | | | | | | | | | | | | | | | |
| Middle Name (s): | | | | | | | | | | | | | | | | | | | |
| b) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: left; padding: 5px;">Current Residence Address <small>(Do not use a P.O. Box Address)</small></th> </tr> <tr> <td style="width: 40%; padding: 5px;">*Line 1 <small>(eg. House/Apt/Suite Name, Number, Street)</small></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*Line 2 <small>(e.g. Town/City/Province/County/State)</small></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*Postal Code / Zip Code (if any)</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*Country</td> <td style="padding: 5px;"></td> </tr> </table> | Current Residence Address <small>(Do not use a P.O. Box Address)</small> | | *Line 1 <small>(eg. House/Apt/Suite Name, Number, Street)</small> | | *Line 2 <small>(e.g. Town/City/Province/County/State)</small> | | *Postal Code / Zip Code (if any) | | *Country | | | | | | | | | |
| Current Residence Address <small>(Do not use a P.O. Box Address)</small> | | | | | | | | | | | | | | | | | | | |
| *Line 1 <small>(eg. House/Apt/Suite Name, Number, Street)</small> | | | | | | | | | | | | | | | | | | | |
| *Line 2 <small>(e.g. Town/City/Province/County/State)</small> | | | | | | | | | | | | | | | | | | | |
| *Postal Code / Zip Code (if any) | | | | | | | | | | | | | | | | | | | |
| *Country | | | | | | | | | | | | | | | | | | | |
| c) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th colspan="3" style="text-align: left; padding: 5px;">Mailing Address</th> </tr> <tr> <td style="width: 40%; padding: 5px;">*Is your Mailing Address the same as your current residential address? <small>(Please tick [√] where applicable)</small></td> <td style="width: 30%; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes Please leave part (c) blank </td> <td style="width: 30%; padding: 5px; text-align: center;"> <input type="checkbox"/> No If no, please fill in below </td> </tr> <tr> <td style="padding: 5px;">*Line 1 <small>(eg. House/Apt/Suite Name, Number, Street)</small></td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*Line 2 <small>(e.g. Town/City/Province/County/State)</small></td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*Postal Code / Zip Code (if any)</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*Country</td> <td colspan="2" style="padding: 5px;"></td> </tr> </table> | Mailing Address | | | *Is your Mailing Address the same as your current residential address? <small>(Please tick [√] where applicable)</small> | <input type="checkbox"/> Yes Please leave part (c) blank | <input type="checkbox"/> No If no, please fill in below | *Line 1 <small>(eg. House/Apt/Suite Name, Number, Street)</small> | | | *Line 2 <small>(e.g. Town/City/Province/County/State)</small> | | | *Postal Code / Zip Code (if any) | | | *Country | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | |
| *Is your Mailing Address the same as your current residential address? <small>(Please tick [√] where applicable)</small> | <input type="checkbox"/> Yes Please leave part (c) blank | <input type="checkbox"/> No If no, please fill in below | | | | | | | | | | | | | | | | | |
| *Line 1 <small>(eg. House/Apt/Suite Name, Number, Street)</small> | | | | | | | | | | | | | | | | | | | |
| *Line 2 <small>(e.g. Town/City/Province/County/State)</small> | | | | | | | | | | | | | | | | | | | |
| *Postal Code / Zip Code (if any) | | | | | | | | | | | | | | | | | | | |
| *Country | | | | | | | | | | | | | | | | | | | |
| d) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: left; padding: 5px;">Date / Place of Birth</th> </tr> <tr> <td style="width: 40%; padding: 5px;">*Date of Birth (dd/mm/yyyy)</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*Town / City</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">*Country</td> <td style="padding: 5px;"></td> </tr> </table> | Date / Place of Birth | | *Date of Birth (dd/mm/yyyy) | | *Town / City | | *Country | | | | | | | | | | | |
| Date / Place of Birth | | | | | | | | | | | | | | | | | | | |
| *Date of Birth (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | |
| *Town / City | | | | | | | | | | | | | | | | | | | |
| *Country | | | | | | | | | | | | | | | | | | | |

| | | |
|----|--|--|
| e) | Legal Name of the relevant Entity Account Holder(s) of which you are a Controlling Person | |
| | Legal Name 1 | |
| | Legal Name 2 | |
| | Legal Name 3 | |

FATCA Certification

Please tick [√] only one box

Either

I Confirm that I am a "US Person"

If you are a US person, please provide your US Taxpayer Identification number (TIN):

You will also need to complete the W-9 Form and provide necessary supporting documents

OR

I Confirm that I am a not "US Person"

If you were born in the U.S, please provided the following documents:

- i) Certificate of loss of nationality of the US
- ii) Form I-407

Note: Definition of 'US PERSON'

1. A citizen or permanent resident of the United States (e.g US Green Card holder or someone who meets the requirements to be considered a resident under the 'substantial presence test') or
2. Any other person that is not a foreign person (as defined under US federal tax law)

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of

Singapore NRIC/FIN: _____

United States of America TIN:

Others Please complete the table below

| Country of Tax Residence | Taxpayer Identification No. (TIN) | If no TIN, indicate reason Tick only one |
|--------------------------|-----------------------------------|---|
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |

Type of Controlling Person 2

- A Controlling Person of a legal person – control by ownership
- B Controlling Person of a legal person – control by other means
- C Controlling Person of a legal person – senior managing official
- D Controlling Person of a trust - settlor
- E Controlling Person of a trust – trustee
- F Controlling Person of a trust – protector

- G Controlling Person of a trust – beneficiary
- H Controlling Person of a trust – other
- I Controlling Person of a legal arrangement (non-trust) – settlor-equivalent
- J Controlling Person of a legal arrangement (non-trust) – trustee-equivalent
- K Controlling Person of a legal arrangement (non-trust) – protector-equivalent
- L Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent
- M Controlling Person of a legal arrangement (non-trust) – other-equivalent

| 3 Controlling Person 3 | | |
|-----------------------------|---|--|
| a) | Name of Account Holder | |
| | *Family Name or Surname(s): | |
| | *First or Given Name | |
| | Middle Name (s): | |
| b) | Current Residence Address <small>(Do not use a P.O. Box Address)</small> | |
| | *Line 1 <small>(eg. House/Apt/Suite Name, Number, Street)</small> | |
| | *Line 2 <small>(e.g. Town/City/Province/County/State)</small> | |
| | *Postal Code / Zip Code (if any) | |
| | *Country | |
| c) | Mailing Address | |
| | *Is your Mailing Address the same as your current residential address? <small>(Please tick [✓] where applicable)</small> | <input type="checkbox"/> Yes Please leave part (c) blank <input type="checkbox"/> No If no, please fill in below |
| | *Line 1 <small>(eg. House/Apt/Suite Name, Number, Street)</small> | |
| | *Line 2 <small>(e.g. Town/City/Province/County/State)</small> | |
| | *Postal Code / Zip Code (if any) | |
| | *Country | |
| | Date / Place of Birth | |
| *Date of Birth (dd/mm/yyyy) | | |
| *Town / City | | |
| *Country | | |
| e) | Legal Name of the relevant Entity Account Holder(s) of which you are a Controlling Person | |
| | Legal Name 1 | |
| | Legal Name 2 | |
| | Legal Name 3 | |

FATCA Certification

Please tick [√] only one box

Either

 I Confirm that I am a "US Person"

 If you are a US person, please provide your US Taxpayer Identification number (TIN):

You will also need to complete the W-9 Form and provide necessary supporting documents

OR

 I Confirm that I am a not "US Person"

If you were born in the U.S, please provided the following documents:

- i) Certificate of loss of nationality of the US
- ii) Form I-407

Note: Definition of 'US PERSON'

1. A citizen or permanent resident of the United States (e.g US Green Card holder or someone who meets the requirements to be considered a resident under the 'substantial presence test') or
2. Any other person that is not a foreign person (as defined under US federal tax law)

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of

 Singapore NRIC/FIN: _____

 United States of America TIN:
 Others Please complete the table below

| Country of Tax Residence | Taxpayer Identification No. (TIN) | If no TIN, indicate reason Tick only one |
|--------------------------|-----------------------------------|---|
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |

Type of Controlling Person 3

- A Controlling Person of a legal person – control by ownership
- B Controlling Person of a legal person – control by other means
- C Controlling Person of a legal person – senior managing official
- D Controlling Person of a trust - settlor
- E Controlling Person of a trust – trustee
- F Controlling Person of a trust – protector
- G Controlling Person of a trust – beneficiary
- H Controlling Person of a trust – other
- I Controlling Person of a legal arrangement (non-trust) – settlor-equivalent
- J Controlling Person of a legal arrangement (non-trust) – trustee-equivalent

- K Controlling Person of a legal arrangement (non-trust) – protector-equivalent
 L Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent
 M Controlling Person of a legal arrangement (non-trust) – other-equivalent

| 4 Controlling Person 4 | | | |
|------------------------|--|--|---|
| a) | Name of Account Holder | | |
| | *Family Name or Surname(s): | | |
| | *First or Given Name | | |
| | Middle Name (s): | | |
| b) | Current Residence Address (Do not use a P.O. Box Address) | | |
| | *Line 1 (eg. House/Apt/Suite Name, Number, Street) | | |
| | *Line 2 (e.g. Town/City/Province/County/State) | | |
| | *Postal Code / Zip Code (if any) | | |
| | *Country | | |
| c) | Mailing Address | | |
| | *Is your Mailing Address the same as your current residential address? (Please tick [√] where applicable) | <input type="checkbox"/> Yes Please leave part (c) blank | <input type="checkbox"/> No If no, please fill in below |
| | *Line 1 (eg. House/Apt/Suite Name, Number, Street) | | |
| | *Line 2 (e.g. Town/City/Province/County/State) | | |
| | *Postal Code / Zip Code (if any) | | |
| | *Country | | |
| d) | Date / Place of Birth | | |
| | *Date of Birth (dd/mm/yyyy) | | |
| | *Town / City | | |
| | *Country | | |
| e) | Legal Name of the relevant Entity Account Holder(s) of which you are a Controlling Person | | |
| | Legal Name 1 | | |
| | Legal Name 2 | | |
| | Legal Name 3 | | |

FATCA Certification

Please tick [√] only one box

Either

 I Confirm that I am a "US Person"

If you are a US person, please provide your US Taxpayer Identification number (TIN):

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

You will also need to complete the W-9 Form and provide necessary supporting documents

OR

 I Confirm that I am a not "US Person"

If you were born in the U.S, please provided the following documents:

- i) Certificate of loss of nationality of the US ii) Form I-407

Note: Definition of 'US PERSON'

- A citizen or permanent resident of the United States (e.g US Green Card holder or someone who meets the requirements to be considered a resident under the 'substantial presence test') or
- Any other person that is not a foreign person (as defined under US federal tax law)

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of

| | |
|---|--|
| <input type="checkbox"/> Singapore | NRIC/FIN: _____ |
| <input type="checkbox"/> United States of America | TIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Others | Please complete the table below |

| Country of Tax Residence | Taxpayer Identification No. (TIN) | If no TIN, indicate reason Tick only one |
|--------------------------|-----------------------------------|---|
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |
| | | <input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others (Please provide explanation for Others): _____ |

Type of Controlling Person 4

- A Controlling Person of a legal person – control by ownership
- B Controlling Person of a legal person – control by other means
- C Controlling Person of a legal person – senior managing official
- D Controlling Person of a trust - settlor
- E Controlling Person of a trust – trustee
- F Controlling Person of a trust – protector
- G Controlling Person of a trust – beneficiary
- H Controlling Person of a trust – other
- I Controlling Person of a legal arrangement (non-trust) – settlor-equivalent
- J Controlling Person of a legal arrangement (non-trust) – trustee-equivalent
- K Controlling Person of a legal arrangement (non-trust) – protector-equivalent
- L Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent
- M Controlling Person of a legal arrangement (non-trust) – other-equivalent

Part V- Customer Declaration and Sign Off

- I agree that ICICI Bank Limited, Singapore Branch may disclose and transfer to its branches, subsidiaries, affiliates or representative offices located in any jurisdiction the information contained in this form, and any information relating to the Account Holder's accounts and products with ICICI Bank Limited, Singapore Branch, in connection with or to facilitate their compliance with applicable laws and regulations.
- I certify that the information above is true, accurate and complete. If any information changes, I shall inform ICICI Bank Limited, Singapore Branch within 30 calendar days of the change, and provide supporting documents if it is required by ICICI Bank Limited, Singapore Branch.
- I consent to ICICI Bank Limited, Singapore Branch collecting, using and disclosing information (including disclosing information to any Singapore or other government authority or agency) that I have provided for the purpose of complying with applicable laws and regulations.

| | |
|--|--|
| 4. I certify that I am authorized to sign this form for the Account Holder and warrant that I have obtained the consent of any individual named in this form or have the right to consent on his/her behalf to such collection, use, disclosure and processing of his/her personal data by ICICI Bank Limited, Singapore Branch for the purpose of this certification | |
| Name As per NRIC / Passport: NRIC/Passport: Signature: | Name As per NRIC / Passport: NRIC/Passport: Signature: |
| Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (DDMMYYYY) | Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (DDMMYYYY) |
| Name As per NRIC / Passport: NRIC/Passport: Signature: | Name As per NRIC / Passport: NRIC/Passport: Signature: |
| Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (DDMMYYYY) | Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (DDMMYYYY) |

Appendix – Summary Descriptions of Select Defined Terms

Note: These are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD “Common Reporting Standard for Automatic Exchange of Financial Account Information” (the “CRS”), the associated “Commentary” to the CRS, and domestic guidance. This can be found at the OECD automatic exchange of information portal (<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>).

If you have any questions then please contact your tax adviser or domestic tax authority.

“Account Holder” The “Account Holder” is the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. This is regardless of whether such person is a flow-through Entity. Thus, for example, if a trust or an estate is listed as the holder or owner of a Financial Account, the trust or estate is the Account Holder, rather than the trustee or the trust’s owners or beneficiaries. Similarly, if a partnership is listed as the holder or owner of a Financial Account, the partnership is the Account Holder, rather than the partners in the partnership. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account.

“Active NFE” An NFE is an Active NFE if it meets any of the criteria listed below. In summary, those criteria refer to:

- active NFEs by reason of income and assets;
- publicly traded NFEs;
- Governmental Entities, International Organisations, Central Banks, or their wholly owned Entities;
- holding NFEs that are members of a nonfinancial group;
- start-up NFEs;
- NFEs that are liquidating or emerging from bankruptcy; • treasury centres that are members of a nonfinancial group; or • non-profit NFEs.

An entity will be classified as Active NFE if it meets any of the following criteria:

- a) less than 50% of the NFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;

- b) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
- c) the NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
- d) substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
- e) the NFE is not yet operating a business and has no prior operating history, (a "start-up NFE") but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE;
- f) the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- g) the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or
- h) the NFE meets all of the following requirements (a "non-profit NFE") :
 - i) it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
 - ii) it is exempt from income tax in its jurisdiction of residence;
 - iii) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
 - iv) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
 - v) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision.

Note: Certain entities (such as U.S. Territory NFFEs) may qualify for Active NFFE status under FATCA but not Active NFE status under the CRS.

"Control" "Control" over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who hold the position of senior managing official.

"Controlling Person(s)" "Controlling Persons" are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity ("Passive NFE") then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust.

Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust.

In the case of a legal arrangement other than a trust, "Controlling Person(s) means persons in equivalent or similar positions.

"Custodial Institution" The term "Custodial Institution" means any Entity that holds, as a substantial portion of its business, Financial Assets for the account of others. This is where the Entity's gross income attributable to the holding of Financial Assets and related financial services equals or exceeds 20% of the Entity's gross income during the shorter of: (i) the three-year period that ends on 31 December (or the final day of a non-calendar year accounting period) prior to the year in which the determination is being made; or (ii) the period during which the Entity has been in existence.

"Depository Institution" The term "Depository Institution" means any Entity that accepts deposits in the ordinary course of a banking or similar business.

"FATCA" FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance Act, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.

"Entity" The term "Entity" means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation. This term covers any person other than an individual (i.e. a natural person).

"Financial Institution" The term "Financial Institution" means a "Custodial Institution", a "Depository Institution", an "Investment Entity", or a "Specified Insurance Company". Please see the relevant domestic guidance and the CRS for further classification definitions that apply to Financial Institutions.

"Investment Entity" The term "Investment Entity" includes two types of Entities:

- (i) an Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:
- Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
 - Individual and collective portfolio management; or
 - Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons.

Such activities or operations do not include rendering non-binding investment advice to a customer.

- (ii) "The second type of "Investment Entity" ("Investment Entity managed by another Financial Institution") is any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets where the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity.

"Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution" The term "Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution" means any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets if the Entity is (i) managed by a Financial Institution and (ii) not a Participating Jurisdiction Financial Institution.

"Investment Entity managed by another Financial Institution" "An Entity is "managed by" another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the activities or operations described in clause (i) above in the definition of 'Investment Entity'.

An Entity only manages another Entity if it has discretionary authority to manage the other Entity's assets (either in whole or part). Where an Entity is managed by a mix of Financial Institutions, NFEs or individuals, the Entity is considered to be managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity, if any of the managing Entities is such another Entity.

"NFE" An "NFE" is any Entity that is not a Financial Institution.

"Non-Reporting Financial Institution" A Non-Reporting Financial Institution" means any Financial Institution that is:

- a Governmental Entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or Depository Institution;
- a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; a Pension Fund of a Governmental Entity, International Organisation or Central Bank; or a Qualified Credit Card Issuer;
- an Exempt Collective Investment Vehicle; or
- a Trustee-Documented Trust: a trust where the trustee of the trust is a Reporting Financial Institution and reports all information required to be reported with respect to all Reportable Accounts of the trust;
- any other defined in a countries domestic law as a Non-Reporting Financial Institution.

"Participating Jurisdiction" A "Participating Jurisdiction" means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

"Participating Jurisdiction Financial Institution" The term "Participating Jurisdiction Financial Institution means (i) any Financial Institution that is tax resident in a Participating Jurisdiction, but excludes any branch of that Financial Institution that is located outside of that jurisdiction, and (ii) any branch of a Financial Institution that is not tax resident in a Participating Jurisdiction, if that branch is located in such Participating Jurisdiction.

"Passive NFE" Under the CRS a "Passive NFE" means any NFE that is not an Active NFE. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution is also treated as a Passive NFE for purposes of the CRS.

"Related Entity" An Entity is a "Related Entity" of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

"Reportable Account" The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

"Reportable Jurisdiction" A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

"Reportable Jurisdiction Person" A Reportable Jurisdiction Person is an Entity that is tax resident in a Reportable Jurisdiction(s) under the tax laws of such jurisdiction(s) - by reference to local laws in the country where the Entity is established, incorporated or managed. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. As such if an Entity certifies that it has no residence for tax purposes it should complete the form stating the address of its principal office.

Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to determine their residence for tax purposes.

"Reportable Person" A "Reportable Person" is defined as a "Reportable Jurisdiction Person", other than:

- a corporation the stock of which is regularly traded on one or more established securities markets;
- any corporation that is a Related Entity of a corporation described in clause (i);
- a Governmental Entity;
- an International Organisation;
- a Central Bank; or

- a Financial Institution (except for an Investment Entity described in Sub Paragraph A(6) b) of the CRS that are not Participating Jurisdiction Financial Institutions. Instead, such Investment Entities are treated as Passive NFE's.)

"Resident for tax purposes" Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine whether an entity is tax resident in the jurisdiction on the OECD automatic exchange of information portal. Generally, an Entity will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. For additional information on tax residence, please talk to your tax adviser or see the OECD automatic exchange of information portal.

"Specified Insurance Company" The term "Specified Insurance Company" means any Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

"TIN" (including "functional equivalent") The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the OECD automatic exchange of information portal.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for Entities, a Business/company registration code/number.

Personal Data Notice & Consent

I/ We ("Customer") hereby authorise, agree, consent and allow ICICI BANK LIMITED, Singapore Branch (the "Bank"), and ICICI Bank Limited, India and/ or any of its affiliates, branches or subsidiaries (collectively referred to as "ICICI Entities"), and their employees, agents, and third party service providers to collect, use, disclose, process and/ or market to my/ our personal data in relation my/ our use or availing of or access to any of the accounts of the Bank ("Accounts") and related services/facilities, in accordance with provisions specified in Clause 24 (Collection, Use, Disclosure and Processing of Data) and Clause 24a (Marketing and Promotional Information and Materials) of the general Terms and Conditions Governing Account(s) and Facilities (the "GTC" or "Terms and Conditions") in relation to the account(s), services and / or facilities availed by me/ us from the Bank of ICICI Bank respectively.

INDEMNITY RELATING TO INSTRUCTIONS GIVEN BY FAX, TELEPHONE AND OTHER FORMS OF ELECTRONIC COMMUNICATIONS

Notwithstanding anything to the contrary contained in any other document/agreement, I/We, the undersigned (as duly authorised signatories), hereby request, agree, consent and authorise ICICI BANK LIMITED SINGAPORE BRANCH (the "Bank" or "you" or "your"), to act and rely on any instructions or communications for any purpose (including but not limited to the instructions/communications pertaining to the operation of all my/ our accounts or to any other services/ facilities or services that may be provided by you to me/ us from time to time) which may from time to time) whether they be or purport to be given by telephone, facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication by us (including such instructions/ communications as may be or purported to be given by those authorised to operate my/ our account(s) with the Bank) ("Instructions").

We understand and acknowledge that there are risks involved in sending the Instructions to you via telephone, facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication and hereby agree that all risks shall be fully borne by me/ us and we assume full responsibility for the same, and the Bank will not be liable for any losses or damages or costs or expenses arising upon your acting, or your failure to act, wholly or in part in accordance with such Instructions.

In consideration of you agreeing, subject to the terms and conditions hereunder, to act upon the Instructions as aforesaid, I/ we hereby irrevocably agree and undertake:

- a. that you shall be entitled to act or refuse to act as you see fit, without incurring any liability whatsoever to us or to any other person, upon any Instructions for any purpose which may from time to time be or be purported to be given by telephone, facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication by us (including such Instructions as may be or be purported to be given by those authorised to operate my/ our account(s) with the Bank), even if such Instructions or communications are not followed up by written confirmation to you;
- b. that you are not required to verify the identity of the person giving Instructions or make any independent investigation of the authority given to such person, or to verify the genuineness of any signature(s) which in your opinion appears to be that of any person authorised by me/ us to operate my/ our account(s) with you;
- c. not to make any claim against you by reason of or on account of you having so acted or you having acted wrongly or mistakenly or of your failure to act wholly or in part in accordance with the Instructions;
- d. that you shall be entitled (but not obliged) to keep records of our Instructions given or made by telephone, facsimile, untested telexes faxes, telegraph, cable or any other form of electronic communication in such form, physical or electronic, as you may deem fit, and your records shall be conclusive and binding on us. You shall be entitled to dispose of or destroy any such records at any time as determined by you in accordance with your standard procedures and policies;
- e. that you shall be entitled to require any Instruction in any form to be authenticated by use of any password, identification code or test as may be specified by you from time to time and we shall ensure the secrecy and security of such password, code or test and we shall be solely responsible for any improper use of the same;
- f. that, notwithstanding the above, you may, under circumstances determined by you in your discretion, require from us confirmation of any Instructions in such form as you may specify before acting on the same; and
- g. We shall indemnify you and keep you indemnified from and against all claims, either by us or any other, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) which may be

brought or preferred against you or that you may suffer, incur or sustain by reason of or on account of your having so acted whether wrongly or mistakenly or not, or of you failing to act wholly or in part in accordance with the Instructions and terms of this letter.

- h. that this letter shall be governed and construed in accordance with the laws of Singapore and we hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Singapore in the event of any dispute hereunder.

TERMS AND CONDITIONS

We, as the customer, hereby agree and confirm that we have received and read a copy of ICICI Bank Limited, Singapore Branch's (the "Bank") General Terms and Conditions Governing Account(s) and Facilities in relation to the account(s), services and / or facilities availed by me/ us from the Bank (the "GTC" or "Terms (the "GTC" or "Terms and Conditions"). We hereby agree, undertake and confirm to be bound by the aforesaid Terms and Conditions, as may be amended from time to time, for the account(s), services and/ or facilities which we are now being opened and pursuant to our establishing our relationship with the Bank. In the event of any inconsistency between the provisions of this form and the Terms and Conditions, the provisions of this form shall prevail.

We understand that the our relationship and account(s) with the Bank will be opened and maintained on the basis of this statement/declaration made by us.

We further declare, confirm, and agree:

- a) that all the particulars and information given in this application form are true, correct, complete and upto date in all respects and I/ we have not withheld any information;
- b) that no petition, proceeding, suit or the like has been presented for our winding up or liquidation or analogous proceedings nor have our creditors entered into any such arrangement;
- c) that we have not at any time defaulted under any loan taken by us from any other person. We further agree and confirm that any false/misleading information given by us, or suppression of any material fact hereunder will render our account liable for termination and further action.

We also hereby agree to indemnify the Bank and its successors or assigns, if any representation or declaration or statements made hereunder by us is incorrect, false or misleading in any of its particulars. We will deliver the full amount specified in this contract on the delivery date or within the period agreed with the Bank and the Bank may, at its discretion, set-off any undelivered balance for our account(s) at the rate applicable at the time of such set-off. In the event that we are unable to meet the engagement arising out of any other exchange contract or fail to supply or maintain applicable margin, if any, as required by the Bank, or suspend payment or become bankrupt or commit any act of bankruptcy or the Bank decides in its absolute discretion (where permitted, after consultation with us) that due to adverse movements in exchange rates we are unlikely to fulfil our obligations hereinabove, the Bank reserves the right to close out this contract by buying in for our account notwithstanding that the last day of settlement may not have arrived and any difference arising thereon shall be payable by us forthwith. This contract is not assignable without the Bank's prior written consent. The Bank shall be entitled to set-off or apply any monies due to us arising out of any dealings with us in the reduction or full satisfaction of any liability whether present or future of us to the Bank, notwithstanding that the monies due to us and our liability may not be of the same currency. In case of availing the service of submitting the instruction through fax, we shall provide a prior written fax indemnity in original and we shall also ensure that original of fax is received by the branch within three (3) working days of each fax instruction. These conditions are in addition to the provisions of the Terms and Conditions and may only be varied in writing and signed by mutual agreement of both parties.

We understand that the following conditions would additionally apply to the Call Deposit/Current Account: The Current Account/Call Deposit account shall at all times be maintained by us with credit balance and no overdraft facility will be available in connection with the same. There would be no interest paid on credit balances in the current account. The Current Account/Call Deposit account can only be opened in such currency and with such minimum average balance as the Bank may stipulate from time to time. The Current Account/Call Deposit account and amounts lying to the credit therein are non-transferable and no right, title or interest therein or any part thereof can be transferred or secured by us to or in favour of any person without the prior written consent of the Bank. Interest is calculated on the credit balance(s) maintained in the Call Deposit account at the end of each day at the rate as may be determined by the Bank from time to time in accordance with its standard procedures and policies. Interest so calculated shall be credited to the Call Deposit on a monthly basis within three (3) business days after the end of each calendar month. The Bank reserves the right to impose service charges on accounts and the services in connection therewith as may be determined by the Bank in accordance with its standard procedures and policies, including without limitation any charges which may be permitted or suggested pursuant to the rules of any regulatory body or organization of which the Bank is a member. The charges will be levied at transaction level and shall be grossed up for applicable tax or statutory levy, if any. For the avoidance of doubt, the balances lying to the credit of our Current Account/Call Deposit account shall also be subject to the provisions of Section I, Clause 8 (Banker's Lien and Right of Set Off) of the Terms and Conditions. Minimum average balance term deposit for Current Account/Call Deposit shall be allowed to be broken, withdrawn or utilised only after closure of Current Account/Call Deposit account. The Bank will not be responsible for not acting on incomplete Current Account/Call Deposit instructions. An instruction will not be considered complete unless it has clearly specified currency and amount, beneficiary details, beneficiary bank details and beneficiary's bank correspondent bank details (including address, SWIFT code etc.) etc.

I. Deposit Insurance Scheme

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

II. Declaration of Non-evasion of tax and pertaining to Sanctions

To,

ICICI Bank Limited Singapore Branch, 9 Raffles Place, #50-01 Republic Plaza Singapore – 048619 ("ICICI Bank").

By signing this application form, I/We, in addition to accepting the Terms and Conditions (as defined above), hereby further affirm, agree confirm and undertake that I/We have read, understood and agree to abide and be bound by the Terms and Conditions (GTC) (including but not limited to Clauses 41 (OFAC and other sanctions) and Clause 42 (Non-evasion of tax)) of ICICI Bank, as made available on ICICI Bank's website (www.icicibank.com.sg) and as amended and updated from time to time

III. Declaration relating to Tax Compliance:

1. I/We confirm that:

- i. I/We are aware of Singapore's commitment to safeguard its financial system from being used to harbour or launder tax evasion monies or proceeds from serious tax offences
- ii. I/We have not committed or been convicted of any serious tax crimes.
- iii. I/We agree to hold harmless, release and agree to indemnify ICICI Bank in the event of non-compliance with or breach of the aforementioned confirmations.
- iv. I/We understand and agree that I/We remain fully responsible for our own tax affairs and ensure that both I/we and my/our accounts maintained with ICICI Bank are in compliance with the tax laws of the relevant jurisdiction within which I/we reside, are domiciled in or are tax residents of;
- v. I/We acknowledge and agree that I/we remain fully responsible for taking independent advice from a tax expert in the jurisdiction of my tax residence or any other similarly qualified adviser or person, and acknowledge that ICICI Bank shall neither be responsible for nor provide any tax advice to me/us in this regard.

We confirm that we have read, understood and agree to all the declarations, undertakings, confirmations, affirmations and information provided above namely Shareholding Undertaking and Declaration, FATCA Certification, CRS Certification, Personal Data Notice & Consent, Indemnity Relating to Instructions Given by Fax, Telephone and other Forms of Electronic Communications and Terms and Conditions (and the declarations thereunder) and our signature hereunder signifies my consent and agreement to be bound by all of the aforementioned declarations, undertakings, confirmations, affirmations and information.

For and on behalf of _____ (the "Company")

| Authorized Signatory 1 | Authorized Signatory 2 |
|--|--|
| Signature | Signature |
| Name: | Name: |
| Designation: | Designation: |
| Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DDMMYYYY) | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DDMMYYYY) |
| Place: | Place: |

*Please affix stamp/Seal of company/Establishment

FOR OFFICE USE ONLY

| Checked and Verified by RM/Bank Official | To be filled by back - office team. Affix rubber stamp and sign in the box below | |
|--|--|-----------------|
| Sign: | Document Scrutinizer | Finacle Checker |
| Name: | | |
| Employee ID: | | |
| RM Code: | Finacle Maker | Approver |
| Date: | | |
| I hereby confirm that the customer has signed in my presence | For currency conversions only (please attach the Fx Online deal ticket print out). Strike out if not applicable. Deal Ref. No.: Date: | |

| Constitution Code(CC) | Customer Type (CT) | | Please tick the type applicable | | |
|-----------------------|--------------------|-------------|---|-------------------------------|------------------------------|
| | Code | Description | Money not kept in client account or trust account | Money kept in client account? | Money kept in trust account? |
| | | | | | |

Annexure A**Nature of Business**

- Accountant/law firms
- Advertising
- Auto Ancillary
- Cash intensive business
- Construction
- Consultancy
- Domestic trade
- Drugs & Pharmaceuticals
- Electrical
- Energy
- Engineering and construction
- Engineering Services
- Holding Company
- Hospitality
- Import/export in distinct product/industry
- Import/export in diverse products/industry
- Infrastructure
- Insurance
- Investment Holding Company
- Manufacturing
- Mining
- Oil Exploration
- Oil Refining
- Real Estate
- Regulated financial institutions
- Retailer
- Retailer/wholesaler of luxury goods
- Roads (Construction)
- Services (other than financial)
- Shipping
- Software/IT
- Textiles
- Wholesalers
- Port
- Hospitals
- Medical Clinics
- Medical Clinic - own practice
- Teachers/professors working in government schools/top universities
- Teachers working in local private schools
- Customer working with supranational organizations
- Telecommunication service providers – Listed
- Society, Unions
- Associations / Charitable Organisations
- Religious institutions
- Freelancer
- Gems, Diamond and Jewellery
- Editor / Journalist working News and Publication Industry
- Telecommunication
- Entertainment / Media
- Travel
- Master / Visa / Global Payments
- Government Entity
- Others (Please specify the Nature of Business)