

ENTITY FATCA and 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 <input type="checkbox"/> No Please leave part (c) blank 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)		
<input type="checkbox"/> A	<ul style="list-style-type: none"> The Entity is a Participating Foreign Financial Institution and Its GIIN (Global Intermediary Identification Number) is <div style="display: flex; justify-content: space-around; width: 100%;"> </div> (Please fill up the above GIIN if selecting option 1A) 	Participating FFI
<input type="checkbox"/> B	<ul style="list-style-type: none"> This is a Non-Participating Foreign Financial Institution 	Non-Participating FFI
<input type="checkbox"/> C	<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		
<input type="checkbox"/> D)	<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 FIIE
<input type="checkbox"/> E)	<ul style="list-style-type: none"> It is an Investment Entity other than (D) above. 	FIIE
<input type="checkbox"/> F)	<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		
<input type="checkbox"/> G	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
<input type="checkbox"/> H	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
<input type="checkbox"/> I	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
<input type="checkbox"/> J	Liquidating or Emerging from Bankruptcy Company <ul style="list-style-type: none"> It was not a FI in the past five years; and It is in the process of liquidating its assets or is re-organizing with the intent to continue or recommence operations in a business other than that of a FI 	Active NFFE Active NFE



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 capital 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 	To complete the W-8 or W-9 and submit 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 (Non-Participating FIE) or Part III – 2(b) selection Q (Passive NFFE/NFE). Please complete for all Controlling Persons including any US Substantial Owners (e.g. owns 25% of the Entity). Please fill in for each of the following in **BLOCK LETTERS**:
*Compulsory Fields

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):

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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:

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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 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

2 Controlling Person 2

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):

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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:

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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 (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):

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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:

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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):

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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:

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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

1. 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.
2. 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.
3. 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 purposes of this certification.

Name:	Name:
Designation:	Designation:
Signature:	Signature:
Date: <input style="width: 100%;" type="text" value="DDMMYYYY"/>	Date: <input style="width: 100%;" type="text" value="DDMMYYYY"/>
Name:	Name:
Designation:	Designation:
Signature:	Signature:
Date: <input style="width: 100%;" type="text" value="DDMMYYYY"/>	Date: <input style="width: 100%;" type="text" value="DDMMYYYY"/>

