

CRS Self-Certification Form for Entities

Common reporting standards (“CRS”) regulation requires financial institutions such as Mawarid Finance PJSC (“Company” or “We”), to collect and report certain information about the Company’s customer’s current tax residency, account information and information about its controlling persons, as mandated by the concerned UAE authority.

The definitions used in the form are based generally on those found in the sample self-certification forms on the Automatic Exchange of Information portal (www.oecd.org/tax/automaticexchange/crs-implementation-and-assistance) of the Organisation for Economic Co-operation and Development (OECD). You are strongly advised to contact your tax adviser to understand how local law requirements may affect the information you provide in the form.

Section I: Identification of the Entity

(Please complete Parts 1-3 in BLOCK CAPITALS)

Customer ID: (for the use of Mawarid Finance PJSC only)	
Full legal name of Entity:	
Contact No : Prefix with country code	
E-Mail Address:	
Entity Details	
Registration or License number	
Registration Date	
Country of Incorporation	
Date of Incorporation	
License Issuing Authority	
Country in which the Entity is Taxable	

Current Residential Address	
House/Apartment, Number, Street:	
Town/City:	
Country:	
Postal/ Zip Code:	

Section II: Entity Type

Part 1 (please tick any one of the below mentioned entity types)		Complete
a) Active NFE (Non-Financial Entity)		
i. A corporation, the stock of which is regularly traded on an established securities market or a corporation, which is a related entity of such corporation. Name of the established securities market or a corporation:..... ii. A Government Entity or Central Bank iii. An International Organization	<input type="checkbox"/>	Section IV
iv. Any other type of Active NFE, other than those listed in (a)(i)-(a)(iii) (for example, a start-up NFE or a non-profit NFE)	<input type="checkbox"/>	Section III & IV
b) Passive NFE (Non-Financial Entity)	<input type="checkbox"/>	Section II - Part 2, III and IV
c) Financial Institution		
i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another financial institution	<input type="checkbox"/>	Section II - Part 2, III and IV
ii. Depository Institution, Custodial Institution, Specified Insurance Company or Other Investment Entity	<input type="checkbox"/>	Section IV

	Part 2 - Name(s) of any Controlling Person of the Entity (Please use separate sheet, if required)	Controlling Person Self-Certification Form Completed
i.		<input type="checkbox"/>
ii.		<input type="checkbox"/>
iii.		<input type="checkbox"/>
iv.		<input type="checkbox"/>
v.		<input type="checkbox"/>
vi.		<input type="checkbox"/>

Section III: Identification of a Controlling Person

("Controlling Person" means a natural person who exercises control over an entity/trust/non-trust")

(Please complete in BLOCK CAPITALS)

Name of Controlling Person:	
Date of birth (DD/MM/YYYY):	
Place of birth (city and country):	
Complete current residence address:	
Mailing address:	

Section IV: Entity/Controlling Person Tax Residency

If the entity is not a tax resident in any country/jurisdiction (e.g. fiscally transparent), please provide the place of effective management or jurisdiction in which its principal office is located.

If the entity is a 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:

- **Reason A** - The country, where the entity/Controlling Person is liable to pay tax, does not issue TINs to its tax residents;
- **Reason B** - The entity/Controlling Person 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); and/or
- **Reason C** - 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 or Equivalent Tax Number	If no TIN is available, please enter Reason A, B or C
1			
2			
3			

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

1	
2	
3	

Section V: Details of Controlling Person* (Please only complete this section if you are a tax resident in one or more reportable jurisdictions)

Please enter the name of the other entities where you are a Controlling Person

Legal name of Entity 1			Legal name of Entity 4	
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Legal name of Entity 2			Legal name of Entity 5	
Legal name of Entity 3			Legal name of Entity 6	

Please tick the appropriate Controlling Person's Status		Entity 1	Entity 2	Entity 3	Entity 4	Entity 5	Entity 6
Controlling Person of a legal entity							
a	Control by ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Control by other means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Senior managing official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling Person of a trust							
d	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling Person of a legal arrangement (non-trust)							
i	Settlor-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Trustee-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Protector-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Beneficiary-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Other-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VI - Common Reporting Standard (CRS) Due Diligence for Citizenship / Residency by Investment

Citizenship by Investment (CBI) and Residence by Investment (RBI) programs are being offered by a substantial number of jurisdictions and allow foreign individuals to obtain citizenship or temporary or permanent residence rights based on a local investment for a flat fee.

Under Section VII of the CRS, a Financial institutions are required to perform additional due diligence for any individual or controlling person(s) opening an account in a participating CRS jurisdiction where the sole tax residence on the CRS self-certification form is a CBI or RBI jurisdiction <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment>

For new customers, please review the questions below as provided by the OECD. Please respond to each question accordingly.

Full name of the controlling person (as provided on CRS Self Cert):

1	Did you obtain residence rights under a CBI / RBI scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Do you hold residence rights in any other jurisdiction(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Have you spent more than 90 days in any other jurisdiction(s) during the previous year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Have you filed income tax returns in any other jurisdiction(s) during the previous year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "Yes" to any of the above questions, please list the jurisdiction(s) not already reflected on the CRS Self Certification form: _____

Section VII: Declaration

The Entity & the Controlling Person understands that the information supplied is covered by the full provisions of the terms and conditions governing the facility/account holder's relationship with the Mawarid Finance PJSC, setting out how Mawarid Finance PJSC may use and share the information provided in this form.

The customer & controlling persons hereby certifies and confirms that:

- information provided in this form is true, correct and complete in all respects;
- information has been provided willingly, without advice or help from Mawarid Finance PJSC (Company);



- if any information / tax status provided on this form changes, the Customer will inform Mawarid Finance PJSC within 30 days of such a change; and
- Mawarid Finance PJSC can process, report and transfer information contained within this form, and our financial affairs, as mandated by the concerned UAE authority.

Note: If you are completing this form on behalf of the customer & the controlling person, please ensure that you let them know that you have done so and tell us in what capacity you are signing, along with a supporting documents. For example, you may be a representative of the customer/controlling person, or maybe completing the form under a power of attorney.

Signatory 1		Signatory 2	
Signature:		Signature:	
Name:		Name:	
Date (dd/mm/yyyy):		Date (dd/mm/yyyy):	
Capacity:		Capacity:	