

FATCA Self-Certification Form for Entities

To: Mawarid Finance PJSC

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|---|
| Customer ID (for the use of Mawarid Finance PJSC only): |
| Facility/Danosit Account No. |
| Facility/Deposit Account No |
| (for the use of Mawarid Finance PJSC only) |
| (|
| |
| From Entity Name: |
| |
| |
| Legal Type: |
| 0 71 |
| |
| Entity Address: |
| |

For the purposes of the U.S. Foreign Account Tax Compliance Act (FATCA) and on the instructions of the Central Bank of UAE, all entities must be classified into specific categories. Please indicate which category applies to the Entity by ticking one of the below boxes.

Please note, that as part of our facility/account onboarding procedures, we will review other documentation provided by you or publicly available and may seek further information from you on the FATCA classification you have selected below.

| A. CATEGORY TYPE | DEFINITION |
|----------------------------|--|
| ☐ Entity Newly Established | An entity newly established less than 2 years. |
| ☐ Financial Institution | A bank, Broker dealer, custodian, Insurance companies, pension plans, mutual funds, fund including hedge funds and family investment vehicle. |
| ☐ US Incorporated Entity | Incorporated in the US or in a US territory, an affiliate of an entity incorporated in the US or in a US territory? E.g. a subsidiary owned by a listed Company. |
| ☐ Publicly listed Entity | Listed on a public securities exchange or on a stock market index such as DFM E.g.Emaar |
| ☐ Government Entity | A government entity: includes any UAE Government owned entity or any wholly owned agency of the government, any |



| | government controlled entities, and any politically subdivisions. An international organization includes any intergovernmental or supranational organization E.g. Islamic development Bank). A non US Central Bank, E.g. the Central Bank of UAE. Bank for international settlements, is a foreign Central Bank of issue. | | | |
|---|--|--|--|--|
| □ UAE Authorized Charity | Charity organizations: a charitable organization under the laws of the country in which the account is maintained. | | | |
| □ Exempted Trust | Broad participation fund: a fund established to provide retirement disability, or death benefits, or any combination thereof, to beneficiaries that are current or former employees. May include Non-resident investment companies, international mutual funds and other financial institutions. Narrow participating retirement funds. A fund established to provide retirement disability, or death benefits to beneficiaries that are current or former employee. May include nonresident investment companies, international mutual funds and other financial institutions. | | | |
| ☐ All Others | Entity not classified under the above categories. | | | |
| | | | | |
| Is the Entity organized or incorporated in the States of America? | United Yes □ No □ | | | |
| If Yes, please provide the U.S Employer Identif Number (EIN) | fication | | | |
| Is the entity is a Financial Institutions? | Yes □ No □ | | | |
| If Yes, please provide the Global Intermediary Identification Number (GIIN) | | | | |



B. Please tick any of the below boxes as applicable to certify whether the entity has any substantial US Persons:

| I/We hereby certify and confirm that the entity identified above has no substantial |
|--|
| U.S. Ultimate / Beneficial Owners, Partners, directors and Authorized Signatories and |
| are not a (U.S. Taxpayers, U.S. Citizens or Residents) and their profiles are not match/ |
| applicable with the below U.S. indicia criteria. (if No, please tick Active NFFE box in |
| part C and sign the form) |
| I/We hereby declare and agree that our Ultimate Beneficial Owner(s), Partner(s), |
| Director(s) or controlling shares is/are a U.S. Person (U.S. Taxpayer, U.S. Citizens or |
| Residents) and subject to U.S. Federal income tax purposes. (if yes, Please complete |
| part C and D as applicable and sign the form) |

U.S. Indicia Criteria:

- a) Account Holder/Customer with U.S. citizenship or residence;
- b) U.S. place of birth;
- c) Green Card Holder;
- d) Holding U.S. passport;
- e) Standing instructions to transfer funds to an account maintained in the U.S.;
- f) U.S. telephone number;
- g) U.S. mailing or residence address (including a U.S. post office box);
- h) Currently effective power of attorney or signing authority granted to U.S. person or have "in-care-of" or "hold mail" address;

C. If you Selected "Yes" in Part B, please specify if the entity income is "Passive" or "Active" and complete part D

| | Passive Income is typically from a trade or business activities in which you do not materially participate some examples of passive income are: | | | | |
|-------------------------------|--|--|--|--|--|
| Passive Income Definitions | Any type of property income (e.g. Rent from property); Earnings from a business that does not require direct involvement from the owner or merchant; Interest/Profit from a bank account; Royalties from publishing a book or from licensing a patent or other form of intellectual property, such as computer software product; Earnings from internet advertisements on websites; Dividend and interest income from owning securities, such as stocks and bonds, is usually referred to as portfolio income, which may or may not be considered a form of passive income. In the united states, | | | | |
| | portfolio income is considered a different type of income than passive income; • Pensions. | | | | |



| ☐ Passive NFFE | I/we are Passive NFFE with controlling persons as U.S Citizen or U.S |
|----------------|---|
| | Tax residents. |
| ☐ Active NFFE | Active entity: Less than 50% of its gross income is passive income*, and |
| | or less than 50% of the assets that produce or are held for the production |
| | of passive income* (Refer to Passive Income description). |

D. Please provide the following information if the entity has US Substantial beneficial owner(s)

| Full Name | Address | U.S Taxpayer Identification Number (TIN) | | | | | | |
|-----------|---------|--|--|--|--|--|--|--|
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I/We hereby certify that the information provided above is true and accurate. I/We understand that



FOR THE USE OF MAWARID FINANCE PJSC ONLY

Please select one of the below classification to specify the entity category:

| ENTITY FATCA STATUS CLASSIFICATION | DEFINITION | | | | |
|---|---|--|--|--|--|
| | | | | | |
| ☐ FATCA101: FI with US SBOs (Financial | To be selected If the Entity is an FI with US | | | | |
| Institutions with US substantial owners) | SBOs and registered with IRS and did | | | | |
| | provide the (Global Intermediary | | | | |
| | Identification Number) and Signed the self- | | | | |
| | Certification form Tax residents | | | | |
| ☐ FATCA102: Passive NFFE-US SBOs (Passive | To be selected if the Entity does have Us | | | | |
| Entity with US substantial owners) | Substantial Beneficial Owners with Passive | | | | |
| | Income (holding more than 10% shares in | | | | |
| | the Entity business) | | | | |
| ☐ FATCA103: NPFFI (Non-Participating | To be selected if the Entity is a Financial | | | | |
| Financial Institutions) | Institutions but their GIIN is not provided | | | | |
| ☐ FATCA105: DR-NFFE (Direct Reporting | To be selected if the entity is an Financial | | | | |
| Non-Financial Foreign Entity) | Institution with no US SBOs registered with | | | | |
| | IRS and did provide the GIIN | | | | |
| | To be selected if the entity did not complete | | | | |
| □ NFFE Recalcitrant | FATCA declaration and not signed the self- | | | | |
| | Certification form (the account to be | | | | |
| | closed/rejected after 14 days if the FATCA | | | | |
| | declaration is not completed within that | | | | |
| | period) | | | | |
| | To be selected if the Entity complete the | | | | |
| ☐ Non US Entity | FATCA declaration and answered as "No" | | | | |
| | to all the relevant questions | | | | |

| Reviewed an | d Classified by: | Verified and Approved by: | | | | |
|------------------|------------------|---------------------------|-----------------------|--|--|--|
| Staff Name | | Staff Name | | | | |
| Signature: | | Signature: | | | | |
| Date: | | Date: | | | | |
| Department Name: | Front Office | Department Name: | Operations Management | | | |