Entity tax residency self-certification FORM - (please complete parts 1-3 in BLOCK CAPITALS)

**Part 1 –Identification of Account Holder**

1. **Legal Name of Entity/Branch\***
2. **Country of incorporation or organization**
3. **Current Residence Address**

Line 1 (e.g. House/Apt/Suite Name, Number,

Street, if any)\*

Line 2 (e.g. Town/City/Province/County/State)\*

Country \*

Postal Code/ZIP Code (if any)\*

1. Mailing Address (please only complete if different to the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

Line 2 (e.g. Town/City/Province/County/State)

Country

Postal Code/ZIP Code

**Part 2 – Entity Type Please provide the Account Holder’s Status by ticking one of the following** **boxes.**

**1.(a)** Financial Institution – Investment Entity

|  |  |
| --- | --- |
| 1. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

(Note: if ticking this box please also complete Part 2(2) below)1. Other Investment Entity

**(b)** Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company | [ ] [ ] [ ]  |

If you have ticked **(a)** or **(b)** above, please provide, if held, the Account Holder’s Global Intermediary Identification Number (“GIIN”) obtained for FATCA purposes.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **(c)** Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation If you have ticked **(c)**, please provide the name of the established securities market on which the corporation is regularly traded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |[ ]
| If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in **(c)** is a Related Entity of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **(d)** Active NFE – a Government Entity or Central Bank |[ ]
| **(e)** Active NFE – an International Organisation  |[ ]
| **(f)** Active NFE – other than (**c)-(e)** (for example a start-up NFE or a non-profit NFE) |[ ]
| **(g)** Passive NFE (Note: if ticking this box please also complete Part **2(2)** below)  |[ ]

**2**. If you have ticked **1(a)(i)** or **1(g)** above, then please:

**a. Indicate the name** of any Controlling Person(s) of the Account Holder:\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b. Complete** “Controlling Person tax residency self-certification form” for each Controlling Person.\*

**Part 3 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent\* (“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 appropriate**:

**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** |  |

|  |
| --- |
|  |

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| --- |
| **Income Details** |
|  | **Year** |  | **Amount** |

 |  |
| **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** |  |

**Part 4 – Declaration and Signature\***

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with [insert following text “the Financial Institution that maintains the account” or insert FI’s name] setting out how [that Financial Institution /insert FI’s name] may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

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

I undertake to advise Al Khaliji France S.A. within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide Al Khaliji France S.A. with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\* (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: Please indicate the capacity in which you are signing the form (for example ‘Authorised Officer’).

 If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_