

Self-Certification Form – Entities

Please complete this form where you need to self-certify on behalf of an entity account holder.

For joint or multiple account holders please complete a separate form for each account holder. If the Account Holder is a U.S. tax resident under U.S. law, you should indicate that the account holder is a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax adviser or the information at www.oecd.org

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution

Please provide information on the natural person(s) who exercise control over the Account Holder (individuals referred to as "Controlling Person(s)") by completing a "Controlling Person tax residency self-certification form" for each Controlling Person. This information should be provided by all Investment Entities located in a Non-Participating Jurisdiction and managed by another Financial Institution.

You should indicate the capacity in which you have signed in Part 4.

As a financial institution, we are not allowed to give tax advice.

Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on www.oecd.org



Part 1

Identification of Account Holder

A.	Legal Name of Entity/Branch:
В.	Country of incorporation or organization:
C.	Account Number (s):
(please	complete parts 1-8 in BLOCK CAPITALS)
Part	2
Entit	у Туре
Please	provide the Account holder's Status by ticking one of the following boxes:
_	(a) Financial Institution – Investment Entity 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) Other Investment Entity
0	(b) Financial Institution – Depository Institution, Custodian Institution or Specified Insurance Company
-	nave ticked (a) or (b), please provide, if held, the Account Holder's Global Intermediary cation Number ("GIIN") obtained for FATCA purposes:
	(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
-	nave ticked (c), please provide the name of the established securities market on which the ation is regularly traded:
•	are a related entity of a regularly traded corporation, please provide the name of the regularly 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 Organization (f) Active NFE – Other than (c) and (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 5).

Part 3

Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number of 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

Country/Jurisdiction of Tax Residence	TIN	If no TIN available enter Reason A,B or C
1		
2		
3		



If applicable, 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

Signature:

Declaration and Signature

I agree that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided by MCB 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 authorized 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 MCB 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 MCB with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Print name:	
Date: (dd/mm/yyyy)	
Note : Please indicate the capacity in which you are signing the form (for example Officer').	'Authorized
f signing under a power of attorney please also attach a certified copy of the pow	er of attorney
Capacity:	



Part 5

Controlling Person¹ tax residency self-certification form

A.	Name of Controlling Person: Family Name or Surname(s):			
	First or Given Name:			
	whate warre(s).			
В.	Current Residence Address:			
c.	Mailing Address: (please complete if different from Section B)			
D.	Date of Birth			
Ε.	Place of Birth			
	Town or City of Birth			
	Country of Birth			

(Parts 5-8 to be filled out for controlling persons only)

Part 6 -

Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent ("TIN")

¹ The term "Controlling Persons" means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.



Please complete the following table indicating (i) where the Controlling Person is tax resident; (ii) the Controlling Person's TIN for each country/jurisdiction indicated; and, (iii) if the Controlling Person is a tax resident in a country/jurisdiction that is a Reportable Jurisdiction(s) then please also complete Part 7 "Type of Controlling Person".

If the Controlling Person 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:

Reason A - The country/jurisdiction where the Controlling Person 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.

Country/Jurisdiction of Tax Residence	TIN	If no TIN available enter Reason A,B or C
1		
2		
3		

If applicable, please explain in the following boxes why you are unable to obtain a TIN if you selected Reason **B** above

1	
2	
ß	

Part 7

Type of Controlling Person

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Person's Status by		Entity 1	Entity 2	Entity 3
ticking	the appropriate box			
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	
I.	Controlling Person of a legal arrangement	
	(non-trust) – beneficiary-equivalent	
m.	Controlling Person of a legal arrangement	
	(non-trust) – other-equivalent	



Part 8

Declarations and Signature

I agree that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be provided by MCB 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 [I/the Controlling Person] may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Controlling Person, or am authorized to sign for the Controlling Person, of all the account(s) held by the Entity Account Holder 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 MCB within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MCB with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature:	
Print name:	
Date:	
Note : If you are not the Controlling Person please indicate the capacity form. If signing under a power of attorney please also attach a certified	, ,
attorney.	
Capacity:	