

# Annex 1

## Only for Passive NFFEs or Passive NFEs

Self Certification for Controlling Person/s of a Passive NFFE or NFE (Controlling Person/s means those persons that effect ultimate effective control over the applicant – for example directors, shareholders, senior managers, trustees, founders, settlors, partners or beneficiaries).

*We are providing you with only one copy of this page, for simplicity and to avoid unnecessary wastage of paper. Please print/make as many copies as required so that you provide us with the information requested below on **each** of your Controlling Persons*

\* Tax Country below means any country where a Controlling Person has tax residency, obligations, reporting or filing requirements.

Information related to Controlling Person	Controlling Person 1	Controlling Person 2	Controlling Person 3
Capacity/relationship of Controlling Persons to applicant (eg directors, shareholders, senior managers, trustees, founders, settlors, partners or beneficiaries)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name (individual or entity)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different to physical address)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity/passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport expiry date	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>

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Information related to Controlling Person	Controlling Person 1	Controlling Person 2	Controlling Person 3
Date of birth (individual only)	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Country of birth/incorporation/establishment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of operation/where the applicant trades (entities only)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact telephone number (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact telephone number (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the Controlling Person a US Person/ Specified US Person	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Controlling Person a citizen of/ incorporated in the USA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Tax Country* Information</b>			
Controlling Person's <b>Tax Country*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the Controlling Person a citizen of this country (individuals only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax reference/Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If no TIN, provide reason	<input type="text"/>	<input type="text"/>	<input type="text"/>
Controlling Person's <b>2<sup>nd</sup> Tax Country* (if relevant)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the Controlling Person a citizen of this country (individuals only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax reference/Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If no TIN, provide reason	<input type="text"/>	<input type="text"/>	<input type="text"/>
Controlling Person's <b>3<sup>rd</sup> Tax Country* (if relevant)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the Controlling Person a citizen of this country (individuals only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax reference/Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If no TIN, provide reason	<input type="text"/>	<input type="text"/>	<input type="text"/>