

Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)

1. If a TIN is unavailable, please provide the appropriate reason **A**, **B** or **C** where indicated below:

Reason A - The country/jurisdiction where the Controlling Person is a resident does not issue TINs to its residents

Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the table below if you have selected this reason)

Reason C - No TIN is required as the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction

| | Country(ies) /Jurisdiction(s) of Tax Residence | TIN | If no TIN available, indicate Reason A, B or C |
|----|--|-----|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |

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

| No. | Country(ies) /Jurisdiction(s) of Tax Residence | Reason(s) |
|------|--|-----------|
| i. | | |
| ii. | | |
| iii. | | |

Part 3 – Type of Controlling Person

| Please provide the Controlling Person’s Status by ticking the appropriate box. | Entity 1 | Entity 2 | Entity 3 |
|--|--------------------------|--------------------------|--------------------------|
| a. Controlling Person of a legal person – control by ownership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Controlling Person of a legal person – control by other means | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Controlling Person of a legal person – senior managing official | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Controlling Person of a trust – settlor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Controlling Person of a trust – trustee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Controlling Person of a trust – protector | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Controlling Person of a trust – beneficiary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Controlling Person of trust – other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Controlling Person of a legal arrangement (non-trust) – settler-equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Controlling Person of a legal arrangement (non-trust) – other-equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 4 – Declarations and Signature

I understand that the information contained in this form and information relating to UOBKH account(s) may be provided to the Singapore tax authority and exchanged with tax authorities of other country or countries pursuant to intergovernmental agreements to exchange financial account information.

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 UOBKH immediately of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect or incomplete, and to provide UOBKH with a suitably updated self-certification.

Dated this _____ day of _____ 20 _____

Signature: _____

Name of Controlling Person: _____

| For Office Use Only | |
|----------------------------|---------------------------|
| Client Accounts | DMU |
| Reviewed By/ Date: _____ | Data Entry By/Date: _____ |
| | Checked By/Date: _____ |