

CONTROLLING PERSON TAX RESIDENCY SELF-CERTIFICATION FORM

IDENTIFICATION OF A CONTROLLING PERSON

A. Name of Controlling Person:

Family Name or Surname(s):* _____
 Title: _____
 First or Given Name:* _____
 Middle Name(s): _____

B. Current Residence Address:

Line 1 _____
 (e.g. House/Apt/Suit Name, Number, Street, if any)*
 Line 2 _____
 (e.g. Town/City/Province/County/State)*
 Country:* _____
 Postal Code/ZIP Code (if any):* _____

C. Mailing Address: (please complete if Section B above not completed)

Line 1 _____
 (e.g. House/Apt/Suit Name, Number, Street)
 Line 2 _____
 (e.g. Town/City/Province/County/State)
 Country: _____
 Postal Code/ZIP Code: _____

D. Date of birth*(dd/mm/yyyy) _____

E. Place of birth

Town or City of Birth* _____
 Country of Birth* _____

F. Please enter the legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person

Legal name of Entity 1 _____
 Legal name of Entity 2 _____
 Legal name of Entity 3 _____

Country/Jurisdiction of Residence for Tax Purpose 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/jurisdiction indicated/ Countries/Jurisdiction adopting the wider approach may require that the self-certification include a tax identifying number for each Countries/Jurisdiction of residence (rather than for each Reportable Jurisdiction)

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 indicated below:

- **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-** Not 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			
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	

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 ticking the appropriate box.	Entity 1	Entity 2	Entity 3
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			
l. Controlling person of a legal arrangement (non-trust) - beneficiary-equivalent			
m. Controlling person of a legal arrangement (non-trust) - other-equivalent			

DECLARATIONS 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 Saudi National Bank setting out how Saudi National Bank 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 provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchange 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 the Account Holder (or am authorised to sign for the Account Holder) of all 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 Saudi National Bank within 30 days of any change in circumstance which affects my/our tax residency status or causes the information contained herein to become incorrect or incomplete, and to provide SNB with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Customer Name		CAPACITY OF SIGNATURE	
Signature		<input type="checkbox"/>	Account Holder
		<input type="checkbox"/>	Power Attorney
		<input type="checkbox"/>	Authorized Signature
		<input type="checkbox"/>	Other (Please specify below)
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

TO BE COMPLETED BY THE BANK RM OR CSR

RM or CSR Name		Signature	
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Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.