

## Common Reporting Standards – CRS Self-Certificate for Entities

1. Please fill in this form only in case you certify that you are authorized to sign on behalf of the entity.
2. If you are "individual" account holder, please complete the "Individual tax residency self-certificate form". For joint accounts holders, please complete a separate form for each account holder.
3. If the account holder is a U.S tax resident under U.S. law, you should indicate that the account holder is a US tax resident on this form any you may also need to fill in an IRS W-9 Form.
4. In case the account holder is a Passive NFE, or an Investment Entity (Investment Company, Fund, Portfolio Manager Broker.... etc.) located in a non-participating jurisdiction managed by another Financial Institution; please provide National Bank of Kuwait with information on the natural person(s) who exercise control over the account holder by filling section (5) in this form.
5. You should indicate the capacity in which you have signed this form in part (4).
6. As a financial institution, we are not allowed to give any tax advice.

### Part (1): Identification of Entity Account Holder

<b>Corporate Entity/ Legal Name (Must be given in English as well)</b>	
الاسم القانوني للشركة / الكيان يجب ذكر الاسم باللغة العربية كما بالمستندات القانونية المحدثة للشركة/الكيان:	
<b>Country of Incorporation or Organization:</b>	
<b>Date of Establishment (dd/mm/yyyy):</b>	
<b>Current address in Kuwait (in English)</b>	
<b>Address:</b>	
<b>Current address outside Kuwait (in English)</b>	
<b>Address:</b>	
<b>City:</b>	<b>Country:</b>
<b>Mailing Address (if the mailing address is different that the residency address):</b>	



**Part (3) : Country / Jurisdiction of Residence for Tax Purpose and related Taxpayer Identification Number or equivalent number (TIN) :**

Please fill in the table indicating the following:

1. Name of the Country / Countries where the account holder is Tax Resident (must add at least one country of residency).
2. The account holder's "TIN" number for each country.
3. If the account holder is Tax Resident in more than three countries / jurisdiction, please use a separate sheet.
4. If the TIN is unavailable; please provide the appropriate reason A, B or C where indicated below:
  - A) The country / Jurisdiction where the account holder is resident does not issue TINs to its residents.
  - B) The account holder is unable to obtain a TIN or equivalent number (please explain why the legal entity is unable to obtain a TIN number in the below table if you have selected this 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 Residency	TIN	If no TIN available enter reason A, B, or C
1		
2		
3		

For legal entities incorporated in Kuwait, please add "Kuwait" at least as a Tax Resident country and add the Corporate CID number as the legal entity TIN.

If you selected reason B above, please explain in the following boxes why the legal entity is unable to obtain a TIN

1	
2	
3	

## Part (4): Declaration and Signature

1. I declare that the information supplied by me is covered by the provisions of the terms and conditions governing the Account opening rules and regulations at National Bank of Kuwait and I also declare that National Bank of Kuwait can use and exchange the information with third parties.
2. I acknowledge and agree that in the event of any enquires about my commitment to the requirements of the Common Reporting Standards Agreement (CRS), National Bank of Kuwait may use and exchange the legal entity account(s) information including (account balance and received payments) to the Tax authorities / related parties and in return, those authorities / parties may also use and exchange this information to the Tax authorities in the countries where I the legal entity is a Tax Resident.
3. I certify that I am authorized to sign for the account holder of all the account(s) to which this form relates.
4. In case of any change in circumstances that cause the information contained herein to become incorrect I recognize that I will have to provide a suitable updated Self-Certification form within 30 days or outdated of such change in circumstances.

I declare that all statements made in this declaration are correct and complete.

Signature:

Name:

Date (dd/mm/yyyy):

Note: 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.

Capacity:

**Part (5) Controlling Persons of the Legal Entity** This section is only required to be filled in if the Entity type selected under part 2 of this form was 3 or 8. All fields are mandatory to be filled in unless indicated other wise.

Details of each controller	Controller 1			Controller 2			Controller 3		
The controller type <i>You can select more than one selection</i>	Owner <input type="checkbox"/>	Management <input type="checkbox"/>	Signatory <input type="checkbox"/>	Owner <input type="checkbox"/>	Management <input type="checkbox"/>	Signatory <input type="checkbox"/>	Owner <input type="checkbox"/>	Management <input type="checkbox"/>	Signatory <input type="checkbox"/>
The full legal name of the controller									
(Civil ID / Passport Number) / Registration No.									
Tax Resident Country(ies) <i>Please add all countries you are currently Tax Resident in</i>									
Tax Identification Number (TIN) <ul style="list-style-type: none"> <li>For Kuwait residents, please add your civil ID as your TIN number</li> <li>If TIN is not available, enter the reason (write A, B, or C) "please refer to page 3 to better understand what each reason means"</li> </ul>									
Full address details <i>(include also the city/town and the country name)</i>									
Nationality(ies) for individuals									
Date of birth/ incorporation (DD-MM-YYYY)									
Country and City of Birth/Incorporation									
Please specify the Job Position/Title <i>**Only for Management</i>									
<b>Extended information - To be filled by substantial owners only (not required from management or authorized signatory controllers)</b>									
Please specify the type of the ownership	Ownership interest <input type="checkbox"/>	Profit Sharing <input type="checkbox"/>		Ownership interest <input type="checkbox"/>	Profit Sharing <input type="checkbox"/>		Ownership interest <input type="checkbox"/>	Profit Sharing <input type="checkbox"/>	
Please specify the Percentage of ownership interest or Profit sharing (if 25% or more)	%			%			%		
Please state if ownership/ profit sharing is direct or indirect In case of indirect ownership, please copy this table and identify the beneficial owners with their ownership Percentage	Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>	

- ❖ Please add at least the details of the one Board Member/Executive Management/General Manager and one Authorized Signatory
- ❖ Please add the details of the substantial shareholder owns (that owns %25 or more) from the capital or the profits
- ❖ If there is more than 3 controllers please re-print an additional copy of this page and add the other controllers detail