

Entity Tax Residency Self-Certification Form Common Reporting Standard

Date :
CIN :

PART 1 – Identification of Individual Account Holder

A. Legal name of Entity / Branch :

B. Country of Incorporation or Organization :

C. Current commercial address: Address :
Country:

D. Mailing Address Address :
Country:

PART 2 – Entity Type

Please provide the Account Holder’s Status by ticking one of the following boxes:

Section 1:

- A. Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**
- (A1) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
(Note: if ticking this box please also complete **Section 2** below)
- (A2) Other Investment Entity
- B. Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

If you have ticked (A) or (B) above, please provide, if held, the Account Holder’s Global Intermediary Identification Number (“GIIN”) obtained for FATCA purposes.

						.					.			.			
--	--	--	--	--	--	---	--	--	--	--	---	--	--	---	--	--	--

Entity Tax Residency Self-Certification Form Common Reporting Standard

C. Active NFE :

(C1) 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

*If you have ticked **(C1)**, please provide the name of the established securities market on which the corporation is regularly traded:*

*If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in **(C1)** is a Related Entity of:*

(C2) Active NFE - A Government Entity or Central Bank

(C3) Active NFE - An International Organization

(C4) Active NFE - Other than (C1)-(C2)-(C3) (for example a start-up NFE or a non-profit NFE)

D. Passive NFE (Note: if ticking this box please also complete **Section 2** below)

Section 2:

If you have ticked **1(A1)** or **1(D)** above, then please:

a. Indicate the name of any Controlling Person(s) of the Account Holder:

Name:		CIN:	
Name:		CIN:	
Name:		CIN:	

b. Complete a "Controlling Person Tax Residency Self-Certification" form for each Controlling Person.

Please see the definition of Controlling Person in Appendix.

Note: Please attach a separate sheet if there are more than three controlling persons on the account.

Part 3 - Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent ("TIN")

Please complete the following table indicating

- (i) where the Account Holder is a tax resident;
- (ii) The Account Holder's TIN for each country indicated.

If a TIN is unavailable please provide the appropriate reason **A, B** or **C**:

Reason A – The country/jurisdiction where the Account Holder is liable to pay tax 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. (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).

If the Account Holder is tax resident in more than three countries please use a separate sheet.

Entity Tax Residency Self-Certification Form Common Reporting Standard

	Country of Tax Residence	Taxpayer Identification Number	If no Taxpayer Identification Number available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a Tax Identification Number if you selected Reason B above.

1	
2	
3	

Part 4 – Declarations and Signature

I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported 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 the Lebanese law number 55 of October 27th 2016 and to intergovernmental agreements to exchange financial account information.

I/We acknowledge that the communication of information contained in this form and information regarding my account (s) to Lebanese fiscal or monetary authorities as stated above is without any liabilities for **Emirates Lebanon Bank SAL**.

I/We certify that I/we am/are authorized to sign for the Account Holder in respect of all the account(s) to which this form relates. **I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.** I/We undertake to advise **Emirates Lebanon Bank** 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 Section 2a), and to provide **Emirates Lebanon Bank** with a suitably updated self-certification and Declaration within **60** days of such change in circumstances.

Signature(s): _____

Name: _____

Date: _____

Note: Please indicate the capacity in which you are signing the form. If you are signing under a power of attorney, please also attach a certified copy of the power of attorney.

Capacity: _____

Important:

- As a financial institution, Emirates Lebanon Bank is not allowed to give tax advice.** Your tax advisor 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 the [OECD automatic exchange of information portal](http://www.oecd.org/tax/transparency/automaticexchangeofinformatio.htm)
(<http://www.oecd.org/tax/transparency/automaticexchangeofinformatio.htm>).

- Please refer to explanatory notes before completing and signing this form available on:** www.elbank.com.lb

Entity Tax Residency Self-Certification Form Common Reporting Standard

For Bank Use Only

Verified by:

Relationship Officer	Signature and date	
Branch Manager	Signature and date	
AML/CFT branch Officer	Signature and date	
Remarks:		