

Controlling Person Tax Residency Self-Certification Form Common Reporting Standard

Date :
CIN :

PART 1 – Identification of Individual Account Holder

A. Name of the account Holder:

B. ID Number:

C. Date of Birth:

D. Place of Birth:

Town/City of Birth :

Country of Birth :

E. Please enter the legal name of the relevant entity account holder of which you are a controlling person

Legal name of entity 1:

Legal name of entity 2:

Legal name of entity 3:

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

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.

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	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 3 – Type of controlling Person

(Please only complete this section if you are a 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	<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 a trust – other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Controlling Person of a legal arrangement (non- trust) – settlor-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"/>

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Part 4 – Declarations and Signature

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

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the 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 **Emirates Lebanon Bank** within 30 days of any change in circumstances which affects the tax residency status of the Individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide **Emirates Lebanon Bank** with a suitably updated self-certification and Declaration within 60 days of such change in circumstances.

Signature: _____

Print Name: _____

Date: _____

Note: If you are not the Controlling Person, 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:

- 1. 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>).

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

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For Bank Use Only

Verified by:

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