



Supplements Section

Use and attach the following pages if required

- Additional Account(s) and Service(s)
- Additional eAlerts! Setup
- Additional Approved Signatories and Business Internet Banking Users
- Additional Operating Mandate
- Indemnity for Taking and Accepting Instructions by Facsimile
- Additional Call Back Nominees
- Tax Self-Declarations

Additional Accounts and Services



Fill up this section to request for additional account(s) and specify the services enabled for each account

Account Name _____
Sequence number _____
Defaulted to registered business name if left blank. 70 characters maximum.

Type of account (Select one)

- Current account
- Savings account
- Fixed deposit
- Others _____

Purpose of account

- Transactional
- Loan repayment
- Investment
- Others _____

Currency of account

Initial source of funds

- Business proceeds
- Return on investments
- Others _____

Country of fund origin

- Hong Kong
- Other _____

Account Services

- Business Internet Banking
- eAlerts!

Number of chequebooks

Defaulted to one chequebook per account if left blank. Only applicable for current accounts.

For Bank Use

Account number

_____ - _____ - _____ - _____

Account Name _____
Sequence number _____
Defaulted to registered business name if left blank. 70 characters maximum.

Type of account (Select one)

- Current account
- Savings account
- Fixed deposit
- Others _____

Purpose of account

- Transactional
- Loan repayment
- Investment
- Others _____

Currency of account

Initial source of funds

- Business proceeds
- Return on investments
- Others _____

Country of fund origin

- Hong Kong
- Other _____

Account Services

- Business Internet Banking
- eAlerts!

Number of chequebooks

Defaulted to one chequebook per account if left blank. Only applicable for current accounts.

For Bank Use

Account number

_____ - _____ - _____ - _____

Additional eAlerts! Setup



Fill up this section to request for additional account(s) and specify the services enabled for each account

- For specified accounts only**
Specify and use Supplement - Additional eAlerts! Setup to define the Alert details for the remaining account(s).

_____ - _____

Cash Alerts Setup

Select at least one type of Cash Alert.

- A/C Balance (ABL) (default option)

Daily (Monday to Friday) 9am and 6pm alert

- Notify me when my designated notification account balance falls below the threshold value (ABB)

- Notify me when my designated notification account balance is above the threshold value (ATA)

- Notify me of Incoming Funds that equal or exceeding threshold amount (INF)

- Notify me of debit amount equal or exceeding threshold amount (LDB)

- SWIFT gpi alert. Notify me when the Telegraphic Transfer is successfully credited into the beneficiary account (CCA)

Threshold amount

N.A

Default to 8,500 units of the account currency if left blank

Default to 100,000 units of the account currency if left blank

Default to 5,000 units of the account currency if left blank

Default to 5,000 units of the account currency if left blank

Default to 5,000 units of the account currency if left blank

Trade Alerts

You will receive all UOB Trade Alerts as listed in the eAlerts! Glossary if you have any valid trade account with the Bank at the time of this Application.

Important information regarding eAlerts!

1. UOB eAlerts! is available via Email
2. Please input email address to receive eAlerts notification under section 2.3 Approved Signatories/Business Internet Banking Users
3. Trade Alerts are for notification purposes only and do not indicate that the trade documents are ready for collection. All existing arrangements with the Bank applies.
4. Trade Alerts are available Monday to Friday excluding Saturday, Sunday, and Public Holidays.
5. Trade Alerts will be sent by batches or per transaction basis. Reminders will be sent two days prior to the due date and overdue reminders will be sent on next working day past due date. Transaction notification will be sent at 30 minutes interval between 7:00am to 8:30pm.
6. Frequency and time of notification received are indicative and subject to change. UOB reserves the right to change the frequency and time of notification without prior notice.
7. Termination of UOB eAlerts! require minimum 30 days prior written notice to the Bank.

Additional Approved Signatories and Business Internet Banking Users



This section allows you to appoint additional Approved Signatories and Business Internet Banking Users. You may use multiples of this section if required.

For account(s) stated below

Important for Business Internet Banking Setup

A set of default roles will be assigned to every Business Internet Banking User if Standard Role type is selected in Section 1.1 Business Internet Banking Setup.

Any Customised Role selected in this section will take precedence over your selection of 'Standard Role' in Section 1.1 Business Internet Banking Setup.

The Bank will assign an User ID at its sole discretion if the Preferred User ID is left blank or cannot be allocated.

*Fields are mandatory

Name (As per ID document)*

ID number (HKID/Passport)*

ID issuing country*

Country of birth*

Designation*

Office number
(Country code + Office number)

+ _____

Set as Approved Signatory

Specimen signature

Assign signing group

For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.

A B C Others _____

Set as Business Internet Banking User

For new Business Internet Banking customer only.

Preferred User ID

Minimum 8 characters with no space or special characters.

* Mobile number (Country code + Mobile number) For transaction related enquiries and to receive SMS notifications

+ _____

* Email address For Business Internet Banking User & e-Alerts notification

Select Customised role type

Skip if Standard role is selected in Section 1.1.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Enquirer | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Maker | <input type="checkbox"/> Payroll - (optional) |
| <input type="checkbox"/> Authoriser | <small>This payroll role will be added on to Maker and/or Authoriser roles as selected</small> |

For Payroll Authoriser, please select one of the options:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Full Access | <input type="checkbox"/> Only View Payroll Amount |
|--------------------------------------|---|

Set as eAlerts! Recipient

Alert scope

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cash Alert | <input type="checkbox"/> Trade Alert |
| Channel | <input type="checkbox"/> Email |

Enquirer—View account details only.

Administrator—Create/maintain all user and access profiles. Maintain user(s) passwords and assign tokens to all user(s) except Administrators and Authorisers.

Maker—Create all types of transactions (except Payroll) and view account details.

Authoriser—Create/approve other user's transactions (except Payroll) and view account details.

Payroll—Create/approve other user's Payroll transactions and view

Additional Approved Signatories and Business Internet Banking Users



*Fields are mandatory

Name (As per ID document) *

ID number (HKID/Passport) *

ID issuing country *

Country of birth *

Designation *

Office number
(Country code + Office number)

+

Set as Approved Signatory

Specimen signature

Assign signing group

For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.

A
 B
 C
 Others

Set as Business Internet Banking User

For new Business Internet Banking customer only.

Preferred User ID

Minimum 8 characters with no space or special characters.

* **Mobile number (Country code + Mobile number)** For transaction related enquiries and to receive SMS notifications

+

* **Email address** For Business Internet Banking User & e-Alerts notification

Select Customised role type

Skip if Standard role is selected in Section 1.1.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Enquirer | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Maker | <input type="checkbox"/> Payroll - (optional) |
| <input type="checkbox"/> Authoriser | <small>This payroll role will be added on to Maker and/or Authoriser roles as selected</small> |

For Payroll Authoriser, please select one of the options:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Full Access | <input type="checkbox"/> Only View Payroll Amount |
|--------------------------------------|---|

Set as eAlerts! Recipient

Alert scope

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cash Alert | <input type="checkbox"/> Trade Alert |
|-------------------------------------|--------------------------------------|

Channel

- | |
|--------------------------------|
| <input type="checkbox"/> Email |
|--------------------------------|

Enquirer—View account details only.

Administrator—Create/maintain all user and access profiles. Maintain user(s) passwords and assign tokens to all user(s) except Administrators and Authorisers.

Maker—Create all types of transactions (except Payroll) and view account details.

Authoriser—Create/approve other user's transactions (except Payroll) and view account details.

Payroll—Create/approve other user's Payroll transactions and view

Additional Operating Mandate



This section allows you to define the Operating Mandate for the remaining new account(s) if you did not opt for the Mandate Scope in Section 2.1 to apply to all your new accounts requested in this Application, including Supplement- Additional Accounts and Services, if any.

You may use multiples of this section if required.

A. Mandate Scope

Account scope

Operating Mandate for new accounts not specified in Section 2.1 Mandate Scope

Provide account number and proceed to following Section.

Select to define new Operating Mandate or use existing Operating Mandate

<input type="radio"/> New Operating Mandate	<p>Complete Section B to define Authorisation Limits and Signing Requirement and Section C to set out Approved Signatories.</p> <p>Proceed to complete Section B Authorisation Limits and Signing Requirement.</p>	
<input type="radio"/> As per existing UOB Corporate account <small>Not applicable for new Business Internet Banking Setup.</small>	<p>Enter UOB Account number Must state account of the same currency. Authorisation Limits, Signing Requirement and Approved Signatories of the accounts in Section A Mandate Scope will follow that of the account stated below.</p> <p style="text-align: center;"> <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> </p> <p>Skip Section B and Section C.</p>	

B. Authorisation Limits and Signing Requirement

Authorisation limits (Select one)

Both currency and amounts need to be specified

(defaults to **HKD1m** if left blank)
 Up to
 Up to
 Up to
 Above

Authorisation limits are cumulative, e.g. these Approved Signatories may also approve lower amounts.

Signing requirement (Select one)

 Any one Any two Others
 Any one Any two Others
 Any one Any two Others
 Any one Any two Others
 Any one Any two Others

Other Signing Requirements/Approval Mandates (optional)

 To set authorisation limits for Telegraphic Transfer/RTGS, please provide the details below:
 To set other authorisation matrix groups, please provide the details below:



C. Approved Signatories

*Fields are mandatory

Name (As per ID document) *

Specimen signature

ID number (HKID/Passport) *

Designation *

Office number
(Country code + Office number)

+

Mobile number*
(Country code + Mobile number)

+

Set as Approved Signatory

Assign signing group

For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.

A B C Others

Name (As per ID document) *

Specimen signature

ID number (HKID/Passport) *

Designation *

Office number
(Country code + Office number)

+

Mobile number*
(Country code + Mobile number)

+

Set as Approved Signatory

Assign signing group

For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.

A B C Others

Name (As per ID document) *

Specimen signature

ID number (HKID/Passport) *

Designation *

Office number
(Country code + Office number)

+

Mobile number*
(Country code + Mobile number)

+

Set as Approved Signatory

Assign signing group

For Approved Signatories, Authorisers or Payroll Authorisers. Defaulted to 'A' if left blank.

A B C Others

Company stamp
is part of SI

Yes No

Company stamp

Indemnity for Taking and Accepting Oral and Written Instructions by Facsimile



To: United Overseas Bank Limited, Hong Kong Branch (Incorporated in Singapore with limited liability)

Re: Indemnity for Taking and Accepting Oral and Written Instructions

Customer name

1. From time to time, I/we may give you oral and/or written instructions by telephone or via postal services, facsimile transmission, regarding any or all of my/our accounts which I/we now have or may hereafter open and/or maintain with your Bank, pertaining but not limited to:

Payments, Placements, Transfers of Funds, Cancellations, Custody Accounts, Renewals of Deposits, Certificates of Deposits, Purchase/Sale of Foreign Currencies, Precious Metals Trading, Purchase/Sale of Securities

Application, notice, or instruction for Trade Finance related transactions

2. You are authorised to accept, honour and act upon any instruction communicated to you over the telephone (or purported to be so communicated), or given to you in writing signed as appearing below by me/or according to the signing arrangement approved by account holder(s) from time to time of our authorized signatories and sent by post, facsimile or other electronic or telecommunication means (or purporting to be so signed or sent).

I/We understand that such instructions given by an unauthorized person will not be discoverable by you in the ordinary course of business. You shall be under no obligation to otherwise identify or make attempts to identify the party sending the instructions or to check with me/us on the authenticity, accuracy or completeness of such instructions.

You shall be entitled to rely and act upon any instruction given in writing and shall not be liable to the undersigned in any way for acting in good faith upon any such instruction notwithstanding that it is subsequently shown that the same was not given by the undersigned, or for any misunderstanding or any error (on either your or my/our part), loss or delay resulting from the use of postal services, or facsimile transmission devices, or other electronic or telecommunication means. You shall be entitled to rely and act upon any instruction communicated over the telephone, and the risks of misunderstanding, error (on either your or my/our part), delay, breakdown or failure of any communication system, fraud and forgery and of instructions being given by unauthorised persons are entirely the risks of the undersigned. You shall not be liable for any loss, liability or expense which might result from any such misunderstanding, error, delay, break down or failure of any communication system, fraud, forgery or unauthorised instruction.

3. It shall not be necessary for written confirmation of the instructions to be sent to me/us prior to the carrying out of the transaction pursuant thereto but an advice thereof ("Confirmation Advice") shall be sent by you to me/us as soon as practicable thereafter. The contents in the Confirmation Advice shall be final, conclusive and binding on me/us and our successor and assigns if I/we do not object thereto within 7 calendar days from the date of the Confirmation Advice.

4. You may at any time and at your absolute discretion refuse to execute, delay the execution or refrain from acting promptly upon any instructions or any part thereof from me/us without incurring any responsibility for loss, liability or expense arising out of or in connection with such refusal, delay or so refraining to act and without giving to me/us any explanation.

5. You may (without being obliged to) record any telephone conversations with me/us whether with or without the use of tone warning device and such recordings or transcripts thereof may be used as evidence in any disputes.

6. I/We further agree that you shall not be obliged to inquire as to the purpose of any transfer of funds authorised by any such instructions or the identity of any transferee. It is understood that such instructions may authorise any transfer, sale, assignment, exchange or other disposition of my/our accounts and their content.

7. I/We agree to indemnify you and to keep you fully indemnified and saved harmless at all times against any claims, demands, actions, proceedings, loss and expenses (including legal costs on a full indemnity basis) arising in any manner howsoever from or in connection with your accepting, relying or acting on my aforesaid instructions, or as you deem fit, refusing, delaying or refraining to act on my aforesaid instructions or part thereof.

8. Nothing in this indemnity shall operate so as to exclude or restrict any liability, the exclusion or restriction of which is prohibited by the laws of Hong Kong.

9. This indemnity shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I/we hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Hong Kong Special Administrative Region.

Signature

Name

Date (DD/MM/YYYY)

____/____/____

Signature

Name

Date (DD/MM/YYYY)

____/____/____

Additional Call Back Nominees



Enter details of individuals appointed as your Authorised Call Back Persons for UOB to contact for all matters relating to the Entity and its account(s) and service(s) with UOB. Note that Approved Signatories are default Call Back Nominees and do not need to be specified in this Supplement. Please supply the certified true copy of identification document and valid proof of residential address issued within the last 3 months if the Call-Back Person is not Approved Signatory nor any connected person whose identification has been submitted

Name	ID number (HKID/Passport)	Office number (Country code + Office number)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>
	Mobile number (Country code + Mobile number)	
	<input type="text"/>	

Name	ID number (HKID/Passport)	Office number (Country code + Office number)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>
	Mobile number (Country code + Mobile number)	
	<input type="text"/>	

Name	ID number (HKID/Passport)	Office number (Country code + Office number)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>
	Mobile number (Country code + Mobile number)	
	<input type="text"/>	

Terms and Conditions

We, the aforesaid Applicant, hereby:

1. acknowledge that the Bank has the absolute right to approve or reject this Application without assigning any reason whatsoever. The Bank may continue relying on our mandates / instructions for call back nominations in force ("prior call back mandates") until it approves this Application. Upon approval, this Application shall supersede all such prior call back mandates.

2. understand and agree that this Application is subject to :

(a) the Bank's prevailing Terms & Conditions Governing Accounts & Services (Non-Individual) and Additional Terms and Conditions Governing Accounts & Services (Non-Individual) which are available at www.uobgroup.com/hk/assets/pdfs/notice_privacy.pdf;

(b) the terms and conditions governing the specific product or service offered by us alone or by us together with third parties; and

(c) the terms and conditions of any other document or agreement governing your relationship with us. (collectively, "Terms & Conditions")

3. represent and warrant that all information provided by us in this Application and in any other document is complete, true and accurate and undertake that in the event any of the information provided by us becomes inaccurate or misleading or changed in any way we shall promptly notify the Bank of any such changes in writing.

4. acknowledge that:

(a) the Authorised Call back Persons specified above are person(s) authorised by us to (whether alone or jointly) act for or on behalf of us, to confirm any instruction or transaction in respect our account(s) with the Bank ;

(b) the Bank shall be entitled in its absolute discretion, but shall not be obliged to act on the confirmation given by the Authorised Call back Persons; and

(c) the Bank may implement whatever security procedures and features it deems appropriate and/or necessary from time to time to verify: (i) the identity of the Authorised Call back Persons; (ii) the confirmation(s) given by the Authorised Call back Persons; and/or (iii) that the instruction or transaction in respect of our account(s) with the Bank has been authorised by us.

5. authorise the Bank to obtain and verify any information about us as the Bank deems fit from any person; retain all such information and all supporting documents submitted by us; and disclose all information relating to us or our account(s) with the Bank to any person the Bank deems appropriate or necessary, and for any purpose whatsoever (including but not limited to the Authorised Call back Persons, and the parties stated in the terms relating to the Bank's rights of disclosure under the prevailing Terms and Conditions).

6. confirm that we have read and understood the Bank's Privacy Notice (Corporate) (available at www.uobgroup.com/hk/assets/pdfs/notice_privacy.pdf and at the Bank's branches) which forms part of the terms and conditions governing our relationship with the Bank. We represent and warrant to the Bank that when providing the Bank with the personal data of the Relevant Individual(s) from time to time, we would have obtained the consent of the Relevant Individual(s) for the collection, use and disclosure of the personal data for purposes as described in the Bank's Privacy Notice (Corporate).

7. agree to hold the Bank harmless and to keep the Bank indemnified against all actions, proceedings, liabilities, losses, damages, claims, demands and expenses, including all legal costs and other costs, charges and expenses which the Bank may incur or sustain by reason or in connection with honouring any instrument; or acting or relying on any instruction or confirmation given by the Authorised Call back Persons.

Tax Self-Declarations



Important information regarding tax reporting requirements for US Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

In order to comply with the regulatory requirements of FATCA and CRS, we are obliged to collect your tax self-declaration. Please complete the sections below as directed and provide any additional information that is requested. Refer to FATCA and CRS Glossary.

If you have any questions about this tax self-declaration form, please speak to your tax adviser.

Select declaration (Select one)

- New declaration**
Proceed to complete Sections A, B, C and D as required.
- I have an existing declaration**
No changes to the previous US withholding certificate or FATCA/ CRS self-certification(s) submitted to UOB

Complete the following section based on your Entity type. Ticked sections are mandatory.

Section	A	B	C	D
Sole Proprietorship Individual Owners	✓	✓	N/A	N/A
Sole Proprietorship Non-Individual Owners	✓	✓	✓	Conditional
Other Entity Type	N/A	✓	✓	Conditional

A. Sole Proprietorship Owner's Information

This section is required only if you are a Sole Proprietorship. Provide the Sole Proprietorship (Individual/ Non-Individual) Owner's information and not the particulars of the Sole Proprietorship.

Name/Registered business name _____	Country of birth _____	Residential address/Registered address _____
Date of birth DD/MM/YYYY ____/____/____	Nationality/Country of incorporation _____	Mailing address If different from Residential/Registered address _____
	ID number/Business registration number HKID/Passport/UEN _____	_____

B. Tax Residency

Select your tax residency(ies). If you are a Sole Proprietorship, provide the Sole Proprietorship (Individual/Non-Individual) owner's tax residency(ies).

- Hong Kong** TIN number (Hong Kong) _____
- United States** TIN number (United States) _____ Specified US Person Yes No
- Others**

Country 1 _____	TIN number _____	Country 2 _____	TIN number _____
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If no TIN in country/jurisdiction

- Country where the Entity/Individual is resident does not issue TINs.
- No TIN is required.
Only select this reason if the authorities of the country of tax residence entered do not require the TIN to be disclosed.
- Entity/Individual is otherwise unable to obtain a TIN or equivalent number. Provide details.

If no TIN in country/jurisdiction

- Country where the Entity/Individual is resident does not issue TINs.
- No TIN is required.
Only select this reason if the authorities of the country of tax residence entered do not require the TIN to be disclosed.
- Entity/Individual is otherwise unable to obtain a TIN or equivalent number. Provide details.

- Not a tax resident in any country** Country _____ TIN number _____
Please provide the place of effective management or jurisdiction in which the entity's principal office is located



Reasonableness Check

Individual (Sole-Proprietorship owned by an Individual) Tax Residency(ies) Clarification

If your current residential / mailing address differs from your declared country(ies) of tax residence as above, please provide a reasonable explanation.

Note: Completion of this section is to confirm that you are not a tax resident of the country(ies) where you are residing and not a tax resident of any countries other than those that you have declared above.

Country of residential address

- I am a foreign individual in the relevant jurisdiction and I do not meet the minimum number of days to be considered as physically present, and hence not a tax resident in the relevant jurisdiction.
- Others: *(Please provide an explanation here)*

Country of mailing address

- I am a foreign individual in the relevant jurisdiction and I do not meet the minimum number of days to be considered as physically present, and hence not a tax resident in the relevant jurisdiction.
- This is the address of a trusted person (e.g. family member, relative, personal assistant)
- Others: *(Please provide an explanation here)*

Non-Individual Tax Residency(ies) Clarification

If any of these information fields (Country of Incorporation / Registration, Registered Address, Mailing Address, Domicile – Country of Business Operations, Trustee Address) provided by you differs from your declared country(ies) of tax residence in Part 3.2 – Tax Residency, please select the appropriate reasonable explanation.

This also includes the sole proprietorship's details if you are a sole proprietorship owned by business entity.

Country of incorporation / registration

Please provide a government issued document of at least one of the country(ies) which you are a tax resident of.

- The entity's jurisdiction where its effective management is situated differs from the jurisdiction in which it was incorporated / registered.
- The entity is a branch and its head office is tax resident in the declared country of tax residence.
- The sole-proprietorship is set up by a service provider.
- Others: *(Please provide an explanation here)*

Country of registered address

- This is the address of the sole-proprietorship's service provider.
- Others: *(Please provide an explanation here)*

Country(ies) of mailing addresses

- This is the address of my service provider / director / shareholder / authorised signatory.
- Others: *(Please provide an explanation here)*

Country(ies) of domicile (Place(s) of Business)

- This is where my service provider is located.
- My tax residency is determined by the place of incorporation. (only applicable if country of incorporation is one of the tax residency(ies)).
- Others: *(Please provide an explanation here)*

Country(ies) of Protector(s), Settlor(s), Beneficiary(ies), and Trustee(s) Address (Only applicable if entity is a trust)

- The address provided is not in the same country as the Trustee's tax residency.
- Others: *(Please provide an explanation here)*



C. FATCA and CRS Status

Select one of the following statements that best describes the Entity. If you are a Sole Proprietorship, provide the Sole Proprietorship (Non-Individual) owner's FATCA and CRS status.

Instructions	FATCA status if non-US tax resident	CRS status
<input type="radio"/> Passive Business More than 50% of your gross income from Passive Income in the previous year or More than 50% of your assets were used to produce Passive Income in the previous year.	Passive Non-Financial Foreign Entity	Passive Non-Financial Entity
<input type="radio"/> Active Business Less than 50% of your gross income from Passive Income in the previous year and Less than 50% of your assets were used to produce Passive Income in the previous year.		
<input type="radio"/> Publicly Listed Company or its Related Entity Stock is regularly traded on one or more established securities markets or A Related Entity of an entity whose stock is regularly traded on an established securities market.	Active Non-Financial Foreign Entity	Active Non-Financial Entity
<input type="radio"/> Charities Charities registered under the Hong Kong Charities Act.		
<input type="radio"/> Holding Company or Group Services Company Substantially all your business activities consist of: Holding (wholly or partially) the outstanding share of, or Providing financing and services to one or more subsidiaries that engage in non-FI trade/ business. However, you do not operate as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.		
<input type="radio"/> Financial Institution Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.	Financial Institution	Financial Institution



	Instructions	FATCA status if non-US tax resident	CRS status
<input type="radio"/> Financial Institution Other Investment Entity.	1. Provide GIIN _____ . _____ . _____ . _____ 2. Provide U.S. withholding certificat U.S. IRS Form W-8BEN-E / W-8IMY / W-8ECI / W-8EXP 3. Proceed to sign the Tax Self-Declaration.		
<input type="radio"/> Financial Institution Depository Institution, Custodial Institution or Specified Insurance Company.	1. Provide GIIN _____ . _____ . _____ . _____ 2. Provide U.S. withholding certificat U.S. IRS Form W-8BEN-E / W-8IMY / W-8ECI / W-8EXP 3. Proceed to sign the Tax Self-Declaration.	Financial Institution	Financial Institution
<input type="radio"/> Government Entity or Central Bank Government and government-linked entities (including Ministries, Statutory Boards, Town Councils). Central Bank.	Proceed to sign the Tax Self-Declaration.	Exempt Beneficial Owner	Active Non-Financial Entity A Government Entity or Central Bank
<input type="radio"/> International Organisations Any international organisation or wholly owned agency or instrumentality thereof.	Proceed to sign the Tax Self-Declaration.		Active Non-Financial Entity An International Organisation
<input type="radio"/> Other Status If you do not fall under any of the above statuses, please specify your FATCA and CRS status.	1. FATCA Status _____ Provide U.S. IRS Form W-8BEN-E / W-8IMY / W-8ECI / W-8EXP 2. CRS Status _____ 3. Proceed to sign the Tax Self-Declaration.	As specified	As specified



Controlling Person(s)

Complete below section only if your FATCA or CRS status is any of the following: Passive Non-Financial Foreign Entity/Passive Non-Financial Entity/Financial Institution-Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

Important Notice for Controlling Persons

Tax residence information provided here must be consistent with information provided for any other accounts you have in your individual capacity or for which you are also a Controlling Person.

All Controlling Person(s) must sign this section and in doing so, all Controlling Person(s) confirm that the Tax Self-Declarations provided are accurate and up to date.

Important Notices for Controlling Persons (Signatures)

If you have provided a specimen signature for any accounts you have with UOB, please ensure that the signature on this form matches the signature that was previously provided.

Important Notices for Controlling Persons (Updates to Residential Address and ID Information)

If you provide a residential address or ID information that differs from what UOB currently has on record, UOB will accordingly update its records.

Controlling Person _____

Name _____	Nationality _____	Date of birth (DD/MM/YYYY) ____/____/____
Percentage of ownership _____%	Country of birth _____	Residential address _____
ID number (Hong Kong/Passport) _____	ID issuing country _____	_____

Select your controlling person tax residency(ies)

HongKong TIN number (Hong Kong) _____

United States TIN number (United States) _____ Specified US Person Yes No

Others

Country 1 _____	TIN number _____	Country 2 _____	TIN number _____
--------------------	---------------------	--------------------	---------------------

If no TIN in country/jurisdiction

- Country where the Entity/Individual is resident does not issue TINs.
- No TIN is required.
Only select this reason if the authorities of the country of tax residence entered do not require the TIN to be disclosed.

If no TIN in country/jurisdiction

- Country where the Entity/Individual is resident does not issue TINs.
- No TIN is required.
Only select this reason if the authorities of the country of tax residence entered do not require the TIN to be disclosed.

Controlling Person's Tax Residency(ies) Clarification

If your current residential address differs from your declared country(ies) of tax residence as above, please provide a reasonable explanation.

Note: Completion of this section is to confirm that you are not a tax resident of the country(ies) where you are residing and not a tax resident of any countries other than those that you have declared above.

- I am a foreign individual in the relevant jurisdiction and I do not meet the minimum number of days to be considered as physically present, and hence not a tax resident in the relevant jurisdiction.
- I am on a short-term project / assignment.
- I am a foreign individual assigned to a diplomatic post.
- Others: *(Please provide explanation below and submit relevant supporting documents)*



Controlling Person Type *(Tick one only)*

Legal Person

- Beneficial Owner
- Control by Senior Managing Official
- Control by Other Means

Trust

- Settlor
- Trustee
- Protector
- Beneficiary
- Others: _____

Legal Arrangement (Non-Trust)

- Settlor-equivalent
- Trustee-equivalent
- Protector-equivalent
- Beneficiary-equivalent
- Others: _____

Controlling Person Confirmation

I confirm that the information provided in this section is true and accurate and complete. No information has been withheld. I, hereby undertake to notify the Bank in writing of any change in circumstances which affects the tax residency status as indicated in this section or causes the information contained herein to become incorrect.

Signature

Name

Date (DD/MM/YYYY)

____ / ____ / _____