

FATCA CLASSIFICATION FOR ENTITIES

Check (✓) Check (✓)
If Yes If No

4. Does any U.S. National or U.S. Entity have substantial (i.e. more than 10%) shareholding, profit/ capital interest or beneficial interest in your company, partnership or trust

☐ ☐

- If "Yes", please fill section B below for each of your Substantial U.S. Owner(s).
- If "No", please go to Q.5.

B) Details of Substantial U.S. Owners:-

Details of Substantial U.S. Owner(s) for Entity Account			
Name	Address	Tax Identification Number (TIN)	% of Ownership / Beneficial Interest

5. Do you have any U.S. Mailing Address, U.S. Head Office, U.S. Registered Address or U.S. Telephone Number?

☐ ☐

- If "Yes", and you are a U.S. entity, please provide Form W-9.
- If "Yes", and you are not a U.S. entity, please provide Form W-8BEN-E.
- If "No", please go to Q.6.

6. Have you granted a Power of Attorney or Signatory Authority to a person with a U.S. address

☐ ☐

- If "Yes", and you are a U.S. entity, please provide Form W-9 for the entity.
- If "Yes", and you are not a U.S. entity, please provide Form W-8BEN-E.
- If "No", please go to Q.7.

7. Is your entity a Passive Non Financial Foreign Entity or an Active Non Financial Foreign Entity (NFFE)

☐ Passive ☐ Active

'Passive entities' generate more than 50% of their income from passive sources such as interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc. whereas 'Active entities' generate more than 50% of their income from non-passive source such as trading, manufacturing or provision of services etc.

- If "Passive", please provide Form W-8BEN-E and ensure that Part XXX of the Form W-8BEN-E is properly filed.
- If "Active", no further documentation is required.

DECLARATION (Must be Signed by all Authorized Signatories)

I/We hereby confirm that the above information and the information in the submitted documents is true, accurate, complete and updated, and the submitted documents are genuine and duly signed by me/us.

I/We understand that the purpose of the information and the submitted documents is to enable Bank AL Habib Limited ("the Bank") to comply with its obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA"). I/We hereby consent and agree to the Bank meeting its obligations under FATCA in connection with my/our account, including submission of the required account information to appropriate government and regulatory authorities, in accordance with FATCA provisions.

I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information or document which I/We have provided to the Bank.

1) Name:

Current Res. Address:

Signatures:

2) Name:

Current Res. Address:

Signatures:

3) Name:

Current Res. Address:

Signatures:

4) Name:

Current Res. Address:

Signatures:

5) Name:

Current Res. Address:

Signatures:

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Company Stamp

SECTION TWO:

FOR BANK USE ONLY

ENTITY RATING:-

- ☐ U.S. Entity:
- ☐ An entity incorporated in the U.S. **OR**
- ☐ An entity which provides a form W-9.
- ☐ Non-U.S. Entity:
- ☐ A local entity **OR**
- ☐ An entity that provides form W-8BEN-E
- ☐ Non Participating Foreign Financial Institution: (A Financial Institution which does not provide its Global Intermediary Identification Number).

Special FATCA Status:-

Certain entities may claim one of the following FATCA categories by providing a W-8BEN-E form indicating to that effect. These classifications are required to be captured for annual FATCA reporting purposes;

- ☐ Owner-Documented FFI with specified U.S. owner(s):
An entity that certifies its status as an Owner Documented FFI by completing Part X of the W-8BEN-E Form.
- ☐ Direct Reporting NFFE:
A Non-Financial Entity which provides a GIIN and opts as a Direct Reporting NFFE on the W-8BEN-E Form Part 1.
- ☐ Passive NFFE with Substantial U.S. Owner:
An Entity which opts for Passive NFFE status by completing Part XXVI of the W-8BEN-E Form & provides details of its Substantial U.S. Owners in Part XXX of the same.

KNOW YOUR CUSTOMER / CUSTOMER DUE DILIGENCE

1. Purpose of Account:	<input type="checkbox"/> Receipts and Payments	<input type="checkbox"/> Savings and Investments	<input type="checkbox"/> Others (Specify) _____
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2. Source of Funds:	<input type="checkbox"/> Salary	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Investment	<input type="checkbox"/> Rental Income: <i>Countries of Location of Rental Property</i>
	<input type="checkbox"/> Business Receipt		<input type="checkbox"/> Remittances	
	<input type="checkbox"/> Divident / Interest Income from Investment: _____ <i>Countries where Investment are placed</i>		<input type="checkbox"/> Proceeds from sale of assets / property: _____ <i>Countries where assets / Property is Located</i>	
	<input type="checkbox"/> Royalty Income: _____ <i>Name of originating / destination countries</i>		<input type="checkbox"/> Loan/ Grant/ Relief from parent company/ other entity of the Group:	
	<input type="checkbox"/> Others (Specify) _____			

It is hereby confirmed that the required checks have been performed for this account.

Verified By:

Name of Account Opening Officer

Signature

Name of Branch Manager

Signature