

Common Reporting Standard (CRS) & Foreign Account Tax Compliance Act (FATCA) Self-Certification Form for Entity Accounts

Date											Brand	h							
Section I: Entity Details																			
Name of Entit																			
CR Number																			
Account numb	per																		
Section II: CRS and FATCA Entity Classification																			
Is the entity a Corporation Incorporated or Tax resident in the U.S?						Specified US Entity (other than public traded entity, government entity, bro etc.):				, broker	0	A US Person that is not a Specified Person							
							If (a) is ticked, please provide your Employment Identification Number (EIN):												
Financial Institution (FI) Classification under FATCA	nstitution (FI) Institution Classification			O Participating FFI under FATCA Regulations			Registered Deemed Compliant FFI under FATCA Regulations			0		rting FFI r Model 1		Reporting FFI under Model 2 IGA			2		
	Interme (GIIN):	diary lo	de us with the Global y Identification Number																
Other (such as Non reporting FFI under Model IGA, deemed compliant FFI):																			
Financial Institutions Classification under CRS (if applicable, to fill in addition to point 2)			Financial Institution – Depositary, Custodial, Investment entity or Spec Insurance Company				ecified For Investment Entity, please confirm if located in a Non-Participating Jurisdiction, managed by another FI (If ticked, please complete Point 5)												
Non-Financial Entity under FATCA and CRS (please complete if the entity classification doesn't fall			A publically traded corporation on a established market or a Related Ensuch entity					y of O If ticked, please specify the name of the established A Stock Exchange where it is regularly traded											
under 2 and 3)			A Government Entity or Central or an International Organization Bank or an related entity																
			Active NFE such as: Active by reason of income and asset test, a star organization, Holding NFE member of a non-financial group, Treasur liquidation members of a non-financial group):																
	Passive NFE (please complete Point 5 below)																		
Controlling Persons details			If you have ticked 3(b) or 4 (d) above, please indicate the name of any Controlling Person(s) and complete FATCA/CRS Self-Certification form for each Controlling Person (if more than 4 persons please provide the names on a separate sheet)																
			First Name					Last Name				Account Base Number (if applicable)							



Section III - Country/Jurisdiction of Residence for Tax Purposes and related Tax Identification Number (TIN)

or Functional Equivalent Number*

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated. If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located. If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

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

Reason A: The country/jurisdiction where the Account Holder is resident does not issue TIN to its residents.

Reason B: The account holder is unable to obtain a TIN or equivalent number (please explain the reason in the table below).

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)

No	Jurisdiction of tax residence	TIN/functional equivalent		vailable enter Reason A, B or C you are unable to obtain a TIN reason B)						
1										
2										
3										
Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.										
1										
2										
Citizenship & Residence by Investment schemes (CBI/RBI schemes)										
Have y	ou obtained residence rights under a CBI/RE	OYes	O No							
Do you	hold residence rights in any other Jurisdiction	OYes	O No							
Have y	ou spent more than 90 days in any other jur	OYes	O No							
In whic	ch Jurisdiction have you filed personal incon	ne tax returns during previous year								
Section IV: Declaration & Signature										
1. I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.										

2. I undertake to advise Bank Saderat Iran of any change of circumstance that affects the tax residence status of the account holder or causes the information provided within this form to become incorrect or incomplete within 30 days of its occurrence and to provide. Bank Saderat Iran with a suitably updated selfcertification and Declaration form within 30 days

3. I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Bank Saderat Iran setting out how Bank Saderat Iran may use and share the information supplied by me.

4. I acknowledge that the information contained in this form and information regarding the Person to whom this form relates (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 in which the Person to whom this form relates (Account holder)may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

5. 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.

Signature		Date								
Name of Signatory										
Capacity (If signing on behalf of Account Holder. For POA holders, kindly provide a certified copy of the POA)										
For Bank use:										
Name and designation	Signature									