

1 Complete the Business Account application form

2 What you need to bring

	Private Limited	Partnership / Limited Partnership	Limited Liability Partnership	Sole Proprietor	Society / Club / Association
OCBC Business Account application form	✓	✓	✓	✓	✓
Minimum deposit in cash or cheque	✓	✓	✓	✓	✓
Certified true copies of NRIC/Passport of all Authorised Signatories/Directors/Partners/Office Bearers/Ultimate Beneficial Owners/Velocity@ocbc Authorisers (Person certifying cannot certify his/her own NRIC/Passport)	✓	✓	✓	✓	✓
Photocopied identification documents must be certified true by	 Any 1 Director (For Constitution of the Company, any Director or Company Secretary)	 Any 2 Partners (For Partnership only)	 Any 2 Partners	 Business Owner	 Any 2 Office Bearers
<i>* Only applicable for local incorporated company. Requirement may differ for foreign incorporated company.</i>					
Certified true copies of residential address proof e.g. NRIC, Telco bill, Bank statement of all Authorised Signatories/Directors/Partners/Office Bearers/Velocity@ocbc Authorisers (Bill dated within last 3 months from date of application) (Person certifying cannot certify his/her own residential address proof)	✓	✓	✓	✓	✓
Certified true copy of Constitution of the Company	✓				
Certified true copy of By-Laws of Society/ Association/Club					✓
Certified true copy of Minutes of Meeting of Management Committee (Signed by 2 office bearers of different functions)					✓ #
Board Resolution (bank's standard/ company's) signed by any 2 Directors or Director & Company Secretary	✓		✓ ^		

3 Who needs to be present

The following signatories must be present with their NRIC/Passports at OCBC Bank branch at point of account opening.

 Any 2 Directors (unless otherwise specified in Board Resolution)	 All Partners (For Partnership only)	 Any 2 Partners	 Business Owner	 Any 2 Office Bearers
	 All General Partners (For Limited Partnership only)			

^ LLP to also submit their LLP Partnership Agreement, if available.

To include authorisation to open and close accounts with the Bank and appointment of authorised signatories.



All information is required unless stated.

1 Type of account

Singapore Dollar Accounts

▶ Select accordingly

- Business Growth Account
- Business Entrepreneur Account
- Business Entrepreneur Account Plus
- SGD Fixed Deposit Account
- SGD Chequing Account
- Others

Foreign Currency Accounts

▶ Select accordingly

- Business Smart Account
- Call Deposit Account
- Fixed Deposit Account
- USD Chequing Account
- Others

- USD EUR
- GBP JPY HKD Other currency
- USD GBP JPY Other currency

2 Business details

Registered name of business Fax number

Office number ▶ + (country code) - (area code, for non SG number) - (contact number)

Nature of business ▶ Please describe your business activity

GST registered

Yes No

Country of domicile ▶ Where is your business operating in? If different from country of incorporation

▶ Select one

Please refer to our particulars contained in the attached ACRA Business Profile **OR** Refer to particulars below

Business registration number Date of incorporation ▶ DD / MM / YY Country of incorporation Singapore Others

Registered address of business Postal Code

Business type ▶ Select one

- Sole Proprietorship
- Partnership
- Private Limited/Public Company
- Association/Club/Society
- Others

3 Account particulars

Accounts to be used for

▶ Tick one

- Business operations
- Investment
- Others

Source of capital / revenue

▶ Tick one or more

- Business income
- Capital contribution
- Others

Account name ▶ If different from registered name

Mailing address ▶ If different from registered address

Postal Code

4 Contact person ▶ Authorised to receive communication from us and to communicate customer information to us

Main contact

NRIC/Passport number

Email address

Mobile number ▶ + (country code) - (contact number)

Office number ▶ + (country code) - (area code, for non SG number) - (contact number)

Secondary contact

NRIC/Passport number

Email address

Mobile number ▶ + (country code) - (contact number)

Office number ▶ + (country code) - (area code, for non SG number) - (contact number)

6 Authorised Signatories

Please list all person(s) authorised to sign or accept cheques, bills of exchange, orders to pay and any other instruments in respect of the account.

Signature ▶ Please sign within the box. For control purposes, please cross out any unused portions.

Name

 NRIC/Passport number

 Designation/Title _____ Group ▶ *If any*

 Mobile number ▶ + (country code) - (contact number)
 + _____
 Office number ▶ + (country code) - (area code, for non SG number) - (contact number)
 + _____

Name

 NRIC/Passport number

 Designation/Title _____ Group ▶ *If any*

 Mobile number ▶ + (country code) - (contact number)
 + _____
 Office number ▶ + (country code) - (area code, for non SG number) - (contact number)
 + _____

Name

 NRIC/Passport number

 Designation/Title _____ Group ▶ *If any*

 Mobile number ▶ + (country code) - (contact number)
 + _____
 Office number ▶ + (country code) - (area code, for non SG number) - (contact number)
 + _____

Name

 NRIC/Passport number

 Designation/Title _____ Group ▶ *If any*

 Mobile number ▶ + (country code) - (contact number)
 + _____
 Office number ▶ + (country code) - (area code, for non SG number) - (contact number)
 + _____

Name

 NRIC/Passport number

 Designation/Title _____ Group ▶ *If any*

 Mobile number ▶ + (country code) - (contact number)
 + _____
 Office number ▶ + (country code) - (area code, for non SG number) - (contact number)
 + _____

Signing condition

- Singly Any two jointly Grouping and signing limits as follows

If applying for multiple accounts,

- Signing condition applies for all accounts in this form
 No, please specify

7 Important notes

Deposit Insurance Scheme

Singapore dollar deposits of non-bank depositors and monies and deposits denominated in Singapore dollars under the Supplementary Retirement Scheme are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

Disclosure of information to OCBC subsidiaries

OCBC Bank has established two wholly-owned subsidiaries in Singapore and Malaysia to process certain selected transactions for OCBC Bank's customers and for this purpose, customer information may be disclosed to these subsidiaries. Please be assured that customer information will continue to remain within the OCBC Group, subject to any mandatory disclosure required by the relevant regulatory authorities.

8 Agreement ▶ To be signed by person(s) authorised to open the Account(s)

To: Oversea-Chinese Banking Corporation Limited (“OCBC Bank”)

I/We request OCBC Bank to open the above account(s) (the “Account(s)”). I/We have received and read a copy of the Business Account Terms and Conditions (available at all OCBC Bank branches and at <http://www.ocbc.com>) and have fully understood its contents. I/We agree to abide and be bound by them and any amendments, alterations and additions thereto as may from time to time be made.

I/We confirm that all the information I/we have provided is true, accurate and complete and I/we have not withheld any information. I/we undertake to keep OCBC Bank informed in writing, within 30 days, of any changes in circumstances that may cause any of the information in this application to become incorrect or incomplete and also undertake to provide any other additional information as may be required by OCBC Bank and/or applicable law.

I/We declare that any funds and assets I/we place with the bank and any profits that they generate, will comply with the tax laws of the countries where I/we live or of which I/we am/are citizen(s) or which I/we am/are otherwise subject to.

I/We consent to disclosures as provided therein and agree that all payments be debited from the Account(s).

I/We hereby certify and confirm that the person(s) whose signature(s) appear in the Authorised Signatories section above and acting according to the signing condition/mandate indicated therein are authorised to draw, sign, endorse, accept or make for or on my/our behalf all cheques, bills of exchange, orders to pay and any other instruments (even if, where permitted by OCBC Bank the relevant account is or will become overdrawn) in respect of or in connection with the Account, even though the payment is for the benefit of any director, employee, authorised person/signatory or individual order of any signing person without OCBC Bank having to enquire into the circumstances or being liable in any way in respect of such payment and OCBC Bank be and is authorised to honour any such cheques, bills of exchange, orders to pay and any other instruments.

The person(s) whose information appear(s) in the Authorised User section in this application booklet and/or in other letter(s) of instruction is/are authorised to perform and effect the above services opted by me/us at any time and from time to time for and on my/our behalf in relation to the abovementioned accounts. I/We confirm that the abovementioned Authorised User(s) has/have sufficient authority to perform and effect all transactions of such services for and on our behalf and all such transactions shall be binding and conclusive on me/us.

For company/association/club/society: We confirm that the company/association/club/society is not insolvent, wound up nor placed in liquidation, judicial management or receivership.

For partnerships: We agree that we shall be jointly and severally responsible and liable to OCBC Bank for all monies owing and liabilities incurred to OCBC Bank by us or any of us whether in the name of or on behalf of the partnership firm or otherwise. Upon any partner ceasing to be a member of the partnership firm by death, bankruptcy, retirement or otherwise, OCBC Bank shall treat the surviving or continuing partner or partners for the time being as having full power to carry on the business of the partnership firm and to deal with its assets, as if there had been no change in the partnership firm.

Where personal data relating to me/us is or will be collected (including by way of recorded voice calls), used or disclosed by OCBC Bank, its related corporations (collectively, the “OCBC Group”) and/or their respective business partners and agents (collectively, the “OCBC Representatives”), I/we further agree and consent to the terms of OCBC Bank’s Data Protection Policy, available at www.ocbc.com/business-policies or upon request.

Where personal data relating to any individuals is or will be collected (including by way of recorded voice calls), used or disclosed by OCBC Group and/or the OCBC Representatives, I/we confirm that with respect to any personal data of individuals disclosed to the OCBC Group and/or OCBC Representatives, the individuals to whom the personal data relates have agreed and consented to the terms of OCBC Bank’s Data Protection Policy, available at www.ocbc.com/business-policies or upon request.

I/We agree and consent to the terms of OCBC Bank’s (I) FATCA Policy and (II) CRS Policy, available at www.ocbc.com/business-policies or upon request, which may require the reporting of information supplied by me/us to relevant tax authorities.

I/We confirm that with respect to any personal data of the Beneficial Owner disclosed to the OCBC Group and/or the OCBC Representatives, the Beneficial Owner has agreed and consented to the terms of OCBC Bank’s (I) FATCA Policy and (II) CRS Policy, available at www.ocbc.com/business-policies or upon request, which may require the reporting of information supplied by me/us to relevant tax authorities.

By signing below, I/we confirm that I am/we are authorised to sign the application form for and on behalf of the company/association/club/society/partnership.

Signature

Authorised person

Name

NRIC/Passport number

Date ▶ DD / MM / YY

____/____/____

Signature

Authorised person

Name

NRIC/Passport number

Date ▶ DD / MM / YY

____/____/____

Signature

Authorised person

Name

NRIC/Passport number

Date ▶ DD / MM / YY

____/____/____

Signature

Authorised person

Name

NRIC/Passport number

Date ▶ DD / MM / YY

____/____/____

For bank’s use

<input type="checkbox"/> Industry code ____	Account number	Remarks	Attended by	Authorised by
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(This page is meant to be left blank intentionally.)

All information is required unless stated.

This is a self-certification form ("Certification Form") that you will need to complete and provide to Oversea-Chinese Banking Corporation Limited ("OCBC Bank" or "the Bank") for the purpose of complying with relevant tax regulations to enable the automatic exchange of financial account information ("AEOI"). The data collected may be reported by the Bank, directly or indirectly, to relevant tax authorities.

The Bank does not and cannot provide any tax advice. If you have any questions about how to complete this form, please consult your tax advisor. This form is intended to assist the Customer and the Bank in identifying and classifying each account holder's tax status and to complete the documentation necessary for compliance with relevant AEOI tax regulations, including the US Foreign Account Tax Compliance Act ("FATCA") and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information in Tax Matters, as implemented in relevant jurisdictions ("CRS").

If you are a Singapore government entity or are wholly owned by a Singapore government entity, there is no need for you to complete this form.

Which form should you complete

Form	Who should be completing this form?
A	<ul style="list-style-type: none"> Business entities (e.g. Pte Ltd & Partnerships that are Non-Financial Entities(NFE)/Non-Financial Foreign Entities(NFFE) Sole-proprietorships owned by <u>business entity</u> Foreign central banks, foreign government entities & international organisations Non-profit organisations (including charitable trusts)
B	<ul style="list-style-type: none"> Sole-proprietorship that is owned by an <u>individual</u>
C	<ul style="list-style-type: none"> Financial Institutions¹ (i.e. depository, custodial, investment entity or specified insurance company) Trusts (excluding charitable trusts) Legal arrangements similar to trusts

Form A

1 Your business details ▶ Select only one & complete accordingly

I am NOT a sole-proprietorship

Registered name ("the Entity")

Business registration number

▶ Select one

Please refer to our particulars contained in attached ACRA Business Profile

OR

Please refer to our particulars below

Registered Address

Country

Postal Code

OR

I am a sole-proprietorship owned by a business entity

Registered name

Business registration number

Business entity owner details

Registered name ("the Entity")

Business registration number

▶ Select one

Please refer to our particulars contained in attached ACRA Business Profile

OR

Please refer to our particulars below

Registered Address

Country

Postal Code

▶ Business entity owner is required to provide their own tax declaration below and complete the rest of the form.

2 Your business's tax residency(ies)² ▶ Tick one or more

The Entity is a tax resident of

Singapore ▶ Refer to business registration number for the taxpayer identification number (TIN).

If not, please specify

United States of America ▶ Please also complete the IRS W-9 form.

Others ▶ Please complete the table below.

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ Tick only one
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>

If you are not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which your place of effective management is situated. If you have more than three countries/jurisdictions, please attach a separate sheet.

▶ If any of the country(ies) below that is(are) not your tax residency(ies), please provide an explanation for each country identified. Please tick whichever is applicable (you may tick more than one).

▶ If you are providing your declaration on behalf of a sole-proprietorship, this includes the sole-proprietorship's details.

Country(ies) of incorporation / registration

▶ If your tax residence is not where you are incorporated / registered, please provide a government issued document of at least one of the country(ies) which you are a tax resident of.

Select One

- The place of effective management of my entity is different from its place of incorporation / registration.
- 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 (e.g. lawyer / corporate secretary / accountant / fund manager / administrator / related entity, etc.)
- Others (please provide explanation):

▶ If your registered address(es) differs from your country incorporation / registration and is located in a jurisdiction that is not your tax residence, please provide an explanation below:

- This is the address of my service provider (e.g. lawyer / corporate secretary / accountant / fund manager / fund administrator, etc.)
- Others (please provide explanation):

Mailing Address(es)

Select One

- This is the address of my service provider (e.g. lawyer / corporate secretary / accountant / fund manager / fund administrator, etc.)
- That is the address of our director / shareholder / authorised signatory.
- Others (please provide explanation):

Country of domicile (place of business)

Select One

- This is where my service provider is located (e.g. lawyer / corporate secretary / accountant / fund manager / fund administrator, etc.)
- My tax residency is determined by the place of incorporation which is different from my place of business (only applicable if country of incorporation is one of the tax residency(ies)).
- Others (please provide explanation):

3 Entity Type ▶ Select one of the following statements that best describes the Entity

The Entity is not a Financial Institution¹, and:

Option	Description	CRS Status	FATCA Status
A1. <input type="checkbox"/>	<p>Active Business</p> <ul style="list-style-type: none"> • derives less than 50% of its gross income (for the previous calendar year) from passive income³ such as investments, dividends, interest, rents or royalties; and • has less than 50% of its assets being used to produce passive income³ for the previous calendar year. <p>OR</p> <p>Charity and Non-Profit Organisation⁴</p> <ul style="list-style-type: none"> • is a Charity or Non-Profit Organisation (including charitable trusts) 	Active NFE	
A2. <input type="checkbox"/>	<p>Public Sector Entity</p> <ul style="list-style-type: none"> • is any one of the following: <ol style="list-style-type: none"> i. Foreign Central Banks ii. Foreign Government Agencies / Public Sector Entities iii. Foreign Statutory Boards / Owned by Statutory Boards iv. Foreign Embassies / Trade Representative Offices owned by Governmental Entities v. International Organisations 	Governmental Entity	Active NFFE
A3. <input type="checkbox"/>	<p>Entities in Liquidation / Reorganisation</p> <ul style="list-style-type: none"> • is not a Financial Institution¹ in the past five years, and • is in the process of liquidating its assets, or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution¹ 	Active NFE	
A4. <input type="checkbox"/>	<p>Publicly Listed Company and its Related Entity⁶</p> <ul style="list-style-type: none"> • its stock is regularly traded on one or more established securities markets⁵, or • is a Related Entity⁶ (in other words, a member) of an entity whose stock of which is regularly traded on an established securities market <p>If yes, please indicate the required information below:</p> <p>Name of the securities market</p> <p>_____</p> <p>Name of entity regularly traded in above stated securities market (applicable only if the Entity is a Related Entity⁶)</p> <p>_____</p>	Active NFE - Regularly Traded	

Option	Description	CRS Status	FATCA Status
A5. <input type="checkbox"/>	Holding Group Service Company <ul style="list-style-type: none"> substantially all of its activities consist of holding (in whole or in part) the outstanding stock of, and providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution¹, and does not operate as an investment fund, such as 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 	Active NFE	Active NFFE
A6. <input type="checkbox"/>	Treasury / Financing Centre of Corporate Groups <ul style="list-style-type: none"> primarily engages in financing and hedging transactions with, or for, Related Entities⁶ that are not Financial Institutions¹, and the group of such Related Entities⁶ is primarily engaged in a business other than that of a Financial Institution, and does not provide financing or hedging services to any entity that is not a Related Entity⁶ 	Active NFE	
A7. <input type="checkbox"/>	Passive Investments <ul style="list-style-type: none"> derives more than 50% of its gross income (for the previous calendar year) from passive income³ such as investments, dividends, interests, rents or royalties; or have more than 50% of its assets being used to produce passive income³ for the previous calendar year Please also complete Part 4 Controlling Person(s)⁷ (Only for A7 – Passive NFE/NFFE)	Passive NFE	Passive NFFE
A8. <input type="checkbox"/>	<ul style="list-style-type: none"> is none of the above. Please seek professional tax advice and specify your classification in the box to the right. 	Classification (please specify):	Please complete the relevant US IRS Form W-8/W-9 and submit it together with this form.

4 Controlling Person(s)⁷ (Only for A7 – Passive NFE/NFFE)

▶ **ONLY** if the Entity has selected A7 – Passive NFE/NFFE in Part 3, please provide details of the controlling person(s)⁷.

▶ If you have more than three controlling persons, please attach a separate sheet.

Controlling Person 1

Full Name

Date of birth ▶ DD / MM / YY

 / /

Controlling person type ▶ Tick one

- I have direct/indirect ownership of the Entity of 25% or more
- I hold a senior management position / exercise ultimate control over the management of the Entity
- I exercise control over the Entity through other means

Residential Address

Country

Postal code

▶ If your residential address is located in a country that is different from your country(ies) of tax residence, please provide:

(i) a passport, nationality identity card, or a government issued identification document of at least one of the country which you are a tax resident of; and

(ii) explanation below (tick at least one):

- This is one of my many addresses.
- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- I am temporarily staying at this address.
- Others Please provide an explanation here

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of ▶ Tick one or more

Singapore ▶ Refer to NRIC/FIN as attached. If TIN is not your NRIC/FIN, please specify: .

United States of America. My TIN is .

Others ▶ Please complete the table below.

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ Tick only one
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> Please provide an explanation here
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> Please provide an explanation here
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> Please provide an explanation here

If you have more than three countries/jurisdictions, please attach a separate sheet.

Controlling Person 2

Full Name

Date of birth ▶ DD / MM / YY

____/____/____

Controlling person type ▶ Tick one

- I have direct/indirect ownership of the Entity of 25% or more
- I hold a senior management position / exercise ultimate control over the management of the Entity
- I exercise control over the Entity through other means

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of ▶ Tick one or more

- Singapore ▶ Refer to NRIC/FIN as attached. If TIN is not your NRIC/FIN, please specify: _____.
- United States of America. My TIN is _____.
- Others ▶ Please complete the table below.

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ Tick only one
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>

If you have more than three countries/jurisdictions, please attach a separate sheet.

Residential Address

Country

Postal code

▶ If your residential address is located in a country that is different from your country(ies) of tax residence, please provide:

(i) a passport, nationality identity card, or a government issued identification document of at least one of the country which you are a tax resident of; and

(ii) explanation below (tick at least one):

- This is one of my many addresses.
- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- I am temporarily staying at this address.
- Others Please provide an explanation here

Controlling Person 3

Full Name

Date of birth ▶ DD / MM / YY

____/____/____

Controlling person type ▶ Tick one

- I have direct/indirect ownership of the Entity of 25% or more
- I hold a senior management position / exercise ultimate control over the management of the Entity
- I exercise control over the Entity through other means

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of ▶ Tick one or more

- Singapore ▶ Refer to NRIC/FIN as attached. If TIN is not your NRIC/FIN, please specify: _____.
- United States of America. My TIN is _____.
- Others ▶ Please complete the table below.

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ Tick only one
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small>Please provide an explanation here</small>

If you have more than three countries/jurisdictions, please attach a separate sheet.

Residential Address

Country

Postal code

▶ If your residential address is located in a country that is different from your country(ies) of tax residence, please provide:

(i) a passport, nationality identity card, or a government issued identification document of at least one of the country which you are a tax resident of; and

(ii) explanation below (tick at least one):

- This is one of my many addresses.
- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- I am temporarily staying at this address.
- Others Please provide an explanation here

5 Agreement ▶ To be signed by person(s) authorised to open the Account(s)

I/We confirm that all the information I/we have provided is true, accurate and complete and I/we have not withheld any information. I/We undertake to keep OCBC Bank informed in writing, within 30 days, of any changes in circumstances that may cause any of the information in this Certification Form to become incorrect or incomplete and also undertake to provide any other additional information as may be required by OCBC Bank and/or applicable law.

I/We agree and consent to the terms of OCBC Bank's (I) Data Protection Policy, (II) FATCA Policy and (III) CRS Policy, available at www.ocbc.com/business-policies or upon request, which may require the reporting of information supplied by me/us to relevant tax authorities.

The persons named and signing below are duly authorised to complete and sign this Certification Form for and on behalf of the Entity and the Controlling Person(s) (if applicable) and to submit this Certification Form to OCBC Bank.

<p>Signature</p> <p>Name ▶ As per NRIC / Passport</p> <p>NRIC/Passport Number</p> <p>Date ▶ DD/MM/YY</p>	<p>Signature</p> <p>Name ▶ As per NRIC / Passport</p> <p>NRIC/Passport Number</p> <p>Date ▶ DD/MM/YY</p>
<p>Signature</p> <p>Name ▶ As per NRIC / Passport</p> <p>NRIC/Passport Number</p> <p>Date ▶ DD/MM/YY</p>	<p>Signature</p> <p>Name ▶ As per NRIC / Passport</p> <p>NRIC/Passport Number</p> <p>Date ▶ DD/MM/YY</p>

1. **Financial Institution** means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.
 - (a) **Custodial Institution** means any entity that holds, as a substantial portion of its business, **financial assets for the account of others**.
 - (b) **Depository Institution** means any entity that **accepts deposits** in the ordinary course of a **banking** or similar business.
 - (c) **Investment Entity** means any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the three following activities or operations for or on behalf of a customer:
 - i. trading in money market instruments; foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
 - ii. individual and collective portfolio management; or
 - iii. otherwise investing, administering, or managing funds or money on behalf of other persons.
 - (d) **Specified Insurance Company** means any entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value insurance Contract or an Annuity Contract.
2. **Tax residency** is defined by each country's local tax laws and may vary from that of another country. As such, it is possible for an entity or a person to be considered a tax resident in more than one jurisdiction. In the event of any doubt, please consult your tax advisor. Guidance on tax residency is also available at the following link: <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>
3. **Passive income** refers generally to the portion of gross income that consists of: dividends (including substitute dividend payments); interest; income equivalent to interest; rents and royalties (other than those derived in the active conduct of a trade or business conducted, at least in part, by employees); annuities; net gains from the sale of property that gives rise to passive income; net gains from certain transaction in commodities; net foreign currency gains; net income from notional principal contracts; amounts received under cash value insurance contracts; and amounts received by an insurance company in connection with its reserves for insurance and annuity contracts.
4. **Charity and Non-Profit Organisation** means an entity that meets ALL of the following criteria:
 - (a) It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
 - (b) It is exempt from income tax in its country of residence;
 - (c) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
 - (d) The applicable laws of the entity's country of residence or the entity's formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased; and
 - (e) The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organisation, or escheat to the government of the entity's country of residence or any political subdivision thereof.
5. An established securities market generally refers to a Securities exchange that; (i) is officially recognized, sanctioned, or supervised by a governmental authority of the foreign country in which the market is located; and (ii) has an annual value of shares traded on the exchange(or a predecessor exchange) exceeding \$1 billion during each of the three calendar years immediately preceding the year in which the determination is being made.
6. An entity is a "**Related Entity**" of another Entity if either entity controls the other entity, or two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote or value in an entity.
7. **Controlling Person** is a natural person who exercises control over an entity. Where that entity is treated as a Passive Non-Financial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

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Form B

- ▶ You are only required to complete this section if you are a sole-proprietorship owned by an individual.
- ▶ If you are a sole-proprietorship owned by a business entity (e.g. Pte Ltd, Public Listed Co.), please complete Form A instead.

1 Owner details

Full Name

Date of birth ▶ DD / MM / YY

NRIC/FIN/Passport

▶ If your country of birth is the U.S. and you are no longer a U.S. tax Resident¹, please provide the following documents:

- Certificate of loss of nationality of the U.S.
- Form I-407

Residential Address

Country

Postal code

▶ If your residential address is located in a country that is different from your country(ies) of tax residence, please provide:

- a passport, nationality identity card, or a government issued identification document of at least one of the country which you are a tax resident of; and
- explanation below (tick at least one):

- This is one of my many addresses.
- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- I am temporarily staying at this address.
- Others Please provide an explanation here

2 Tax declaration ▶ To be declared by owner in his/her individual capacity

I own the sole-proprietorship in my individual capacity and I am a tax resident of ▶ Tick one or more

Singapore ▶ Refer to NRIC/FIN as attached. If TIN is not your NRIC/FIN, please specify: .

United States of America. My TIN is .

Others ▶ Please complete the table below.

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ Tick only one
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> <small>Please provide an explanation here</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> <small>Please provide an explanation here</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> <small>Please provide an explanation here</small>

Provide a passport, nationality identity card, or a government issued identification document of at least one of the country which you are a tax resident of. If you have more than three countries/jurisdictions, please attach a separate sheet.

▶ If any of the country(ies) below that is(are) not your tax residency(ies), please provide an explanation for each country identified. Please tick whichever is applicable (you may tick more than one).

Registered address

Select One

- This is the address of my trusted advisor / acquaintance.
- Others (please provide explanation):

Mailing address

Select One

- This is one of my many addresses.
- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- I am temporarily staying at this address.
- Others (please provide explanation):

Country of domicile (place of business)

Select One

- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- Others (please provide explanation):

3 Your business details

Name of Sole-proprietorship

Business registration number

4 Agreement ▶ *To be signed by owner in his/her individual capacity.*

I confirm that all the information I have provided is true, accurate and complete and I have not withheld any information. I undertake to keep OCBC Bank informed in writing, within 30 days, of any changes in circumstances that may cause any of the information in this Certification Form to become incorrect or incomplete and also undertake to provide any other additional information as may be required by OCBC Bank and/or applicable law.

I agree and consent to the terms of OCBC Bank's (I) Data Protection Policy, (II) FATCA Policy and (III) CRS Policy, available at www.ocbc.com/business-policies or upon request, which may require the reporting of information supplied by me to relevant tax authorities.

Signature

Date ▶ DD/MM/YY

____/____/____

1. Definition of a U.S. Tax Resident
 - (a) A citizen or permanent resident of the United States (e.g. US Green Card holder or someone who meets the requirements to be considered a resident under the 'substantial presence test'); or;
 - (b) Any other person that is not a foreign person (as defined under US federal tax law).
2. **Tax residency** is defined by each country's local tax laws and may vary from that of another country. As such, it is possible for a person to be considered a tax resident in more than one jurisdiction. In the event of any doubt, please consult your tax advisor. Guidance on tax residency is also available at the following link: <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

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All information is required unless stated.

Form C

- ▶ You are only required to complete this section if you are one of the following:
- Financial Institutions (i.e. depository, custodial, investment entity or specified insurance company)
 - Trusts (excluding charitable trusts)
 - Legal arrangements similar to trusts

1 Your business details

Registered name ("the Entity") Business registration number

▶ Select one
 Please refer to our particulars contained in attached ACRA Business Profile **OR** Please refer to our particulars below

Registered Address Country Postal Code

2 Entity Type

Option	Description	CRS Status	FATCA Status
C1. <input type="checkbox"/>	Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company	FI	
C2. <input type="checkbox"/>	Investment Entity located in a <u>Non-Participating Jurisdiction</u> and managed by another Financial Institution E.g. Trust that is an Investment Entity where the trustee is located in a <u>Non-Participating Jurisdiction</u> . Please complete Part 3 & 4 below.	FI – Investment Entity (Non-Participating)	Please complete the relevant US IRS Form W-8/W-9 and submit it together with this form.
C3. <input type="checkbox"/>	Other Investment Entity (including Investment Entity located in a <u>Participating Jurisdiction</u> and managed by another Financial Institution) E.g. Trust including trustee-documented trust that is an Investment Entity where the trustee is located in a <u>Participating Jurisdiction</u> OR Asset Manager.	FI – Investment Entity (Other)	
C4. <input type="checkbox"/>	Trust that are not professionally managed by another Financial Institution OR Non-trust entities with arrangements similar to that of a trust. Please complete Part 3 & 4 below.	Passive NFE	Passive NFFE

3 Your entity's tax residency(ies)¹ (Only for C2 FI – Investment Entity (Non-Participating) & C4 Passive NFE/NFFE)

The Entity is a tax resident of ▶ Tick one or more

- Singapore ▶ Refer to business registration number for taxpayer identification number (TIN).
If not, please specify:
- United States of America ▶ Please also complete the IRS W9 form.
- Others ▶ Please complete the table below.

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ Tick only one
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> Please provide an explanation here
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> Please provide an explanation here
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> Please provide an explanation here

If you have more than three countries/jurisdictions, please attach a separate sheet.

▶ If any of the country(ies) below that is(are) not your tax residency(ies), please provide an explanation for each country identified. Please tick whichever is applicable (you may tick more than one).

Country of incorporation

▶ If your tax residence is not where you are incorporated, please provide a government issued document of at least one of the country(ies) which you are a tax resident of.

Select One

- The place of effective management of my entity is different from its place of incorporation.
- The entity is a branch and its head office is tax resident in the declared country of tax residence.
- Others (please provide explanation):

▶ If your registered address(es) differs from your country incorporation / registration and is located in a jurisdiction that is not your tax residence, please provide an explanation below:

- This is the address of my service provider (e.g. lawyer / corporate secretary / accountant / fund manager / fund administrator, etc.)
- Others (please provide explanation):

Mailing address

Select One

- This is the address of my service provider (e.g. lawyer / corporate secretary / accountant / fund manager / fund administrator, etc.)
- That is the address of our director / shareholder / authorised signatory.
- Others (please provide explanation):

Country of domicile (place of business)

Select One

- This is where my service provider is located (e.g. lawyer / corporate secretary / accountant / fund manager / fund administrator, etc.)
- My tax residency is determined by the place of incorporation which is different from my place of business (only applicable if country of incorporation is one of the tax residency(ies)).
- Others (please provide explanation):

Trustee address (only applicable only when entity is a trust)

Select One

- The address provided is not in the same country as the Trustee's tax residency
- Others (please provide explanation):

4 Controlling Person(s)² (Only for C2 FI – Investment Entity (Non-Participating) & C4 Passive NFE/NFFE)

ONLY if the Entity has selected C2 FI – Investment Entity (Non-Participating) OR C4 Passive NFE/NFFE in Part 2, please provide details of the controlling person(s).

▶ If you have more than three controlling persons, please attach a separate sheet.

Controlling Person 1

Full Name

Date of birth ▶ DD / MM / YY

____/____/____

Residential Address

Country

Postal code

▶ If your residential address is located in a country that is different from your country(ies) of tax residence, please provide:

(i) a passport, nationality identity card, or a government issued identification document of at least one of the country which you are a tax resident of; and (ii) explanation below (tick at least one):

- This is one of my many addresses.
- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- I am temporarily staying at this address.

Others Please provide an explanation here

Controlling person type ▶ Tick only one

Legal Person

- Control by ownership
- Control by other means
- Senior managing official

Trust

- Settlor
- Trustee
- Protector
- Beneficiary
- Others

Legal Arrangement (Non-trust)

- Settlor-equivalent
- Trustee-equivalent
- Protector-equivalent
- Beneficiary-equivalent
- Others

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of ▶ *Tick one or more*

Singapore ▶ *Refer to NRIC/FIN as attached. If TIN is not your NRIC/FIN, please specify:* _____ .

United States of America. My TIN is _____ .

Others ▶ *Please complete the table below.*

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ <i>Tick only one</i>
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small><i>Please provide an explanation here</i></small> _____
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small><i>Please provide an explanation here</i></small> _____
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small><i>Please provide an explanation here</i></small> _____

If you have more than three countries/jurisdictions, please attach a separate sheet.

Controlling Person 2

Full Name

Date of birth ▶ *DD / MM / YY*

_____/_____/_____

Residential Address

Country

Postal code

▶ *If your residential address is located in a country that is different from your country(ies) of tax residence, please provide:*

(i) a passport, nationality identity card, or a government issued identification document of at least one of the country which you are a tax resident of; and (ii) explanation below (tick at least one):

- This is one of my many addresses.
- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- I am temporarily staying at this address.
- Others *Please provide an explanation here* _____

Controlling person type ▶ *Tick only one*

Legal Person

- Control by ownership
- Control by other means
- Senior managing official

Trust

- Settlor Beneficiary
- Trustee Others
- Protector

Legal Arrangement (Non-trust)

- Settlor-equivalent Beneficiary-equivalent
- Trustee-equivalent Others
- Protector-equivalent

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of ▶ *Tick one or more*

Singapore ▶ *Refer to NRIC/FIN as attached. If TIN is not your NRIC/FIN, please specify:* _____ .

United States of America. My TIN is _____ .

Others ▶ *Please complete the table below.*

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ <i>Tick only one</i>
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small><i>Please provide an explanation here</i></small> _____
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small><i>Please provide an explanation here</i></small> _____
		<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <small><i>Please provide an explanation here</i></small> _____

If you have more than three countries/jurisdictions, please attach a separate sheet.

Controlling Person 3

Full Name

Date of birth ▶ DD / MM / YY

 / /

Residential Address

Country

Postal code

▶ If your residential address is located in a country that is different from your country(ies) of tax residence, please provide:

(i) a passport, nationality identity card, or a government issued identification document of at least one of the country which you are a tax resident of; and
(ii) explanation below (tick at least one):

- This is one of my many addresses.
- This is the address of a family member / relative / trusted acquaintance (e.g. professional advisor / accountant / personal assistant).
- I am temporarily staying at this address.
- Others Please provide an explanation here

Controlling person type ▶ Tick only one

Legal Person

- Control by ownership
- Control by other means
- Senior managing official

Trust

- Settlor Beneficiary
- Trustee Others
- Protector

Legal Arrangement (Non-trust)

- Settlor-equivalent Beneficiary-equivalent
- Trustee-equivalent Others
- Protector-equivalent

Please provide tax residency(ies) declaration of controlling person:

I am a tax resident of ▶ Tick one or more

Singapore ▶ Refer to NRIC/FIN as attached. If TIN is not your NRIC/FIN, please specify: .

United States of America. My TIN is .

Others ▶ Please complete the table below.

Country of Tax Residence ²	Taxpayer Identification No. (TIN)	If no TIN, indicate reason ▶ Tick only one
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> <small>Please provide an explanation here</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> <small>Please provide an explanation here</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Country does not issue TIN. <input type="checkbox"/> Country does not require the collection of TIN. <input type="checkbox"/> Others <input type="text"/> <small>Please provide an explanation here</small>

If you have more than three countries/jurisdictions, please attach a separate sheet.

5 Agreement ▶ To be signed by person(s) authorised to open the Account(s)

I/We confirm that all the information I/we have provided is true, accurate and complete and I/we have not withheld any information. I/We undertake to keep OCBC Bank informed in writing, within 30 days, of any changes in circumstances that may cause any of the information in this Certification Form to become incorrect or incomplete and also undertake to provide any other additional information as may be required by OCBC Bank and/or applicable law.

I/We agree and consent to the terms of OCBC Bank's (I) Data Protection Policy, (II) FATCA Policy and (III) CRS Policy, available at www.ocbc.com/business-policies or upon request, which may require the reporting of information supplied by me/us to relevant tax authorities.

The persons named and signing below are duly authorised to complete and sign this Certification Form for and on behalf of the Entity and the Controlling Person(s) (if applicable) and to submit this Certification Form to OCBC Bank.

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Signature</div> <p>Name ▶ <i>As per NRIC / Passport</i></p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> <p>NRIC/Passport Number</p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> <p>Date ▶ <i>DD/MM/YY</i></p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Signature</div> <p>Name ▶ <i>As per NRIC / Passport</i></p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> <p>NRIC/Passport Number</p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> <p>Date ▶ <i>DD/MM/YY</i></p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Signature</div> <p>Name ▶ <i>As per NRIC / Passport</i></p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> <p>NRIC/Passport Number</p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> <p>Date ▶ <i>DD/MM/YY</i></p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Signature</div> <p>Name ▶ <i>As per NRIC / Passport</i></p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> <p>NRIC/Passport Number</p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> <p>Date ▶ <i>DD/MM/YY</i></p> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>

Please refer to Footnotes 1 and 7 on Form A for the meaning of Financial Institution and Controlling Person.

- Tax residency** is defined by each country's local tax laws and may vary from that of another country. As such, it is possible for an entity or a person to be considered a tax resident in more than one jurisdiction. In the event of any doubt, please consult your tax advisor. Guidance on tax residency is also available at the following link: <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>
- Type of controlling person** and its definition is listed as below:

Type of Controlling Person	Description
Legal Person – Control by ownership	Individual who exercises control through ownership interest (e.g. owning more than 25% of the company in value or voting power).
Legal Person – Control by other means	Individual who exercises control / is entitled to exercise control through other means (e.g. personal connections to persons in positions that possess ownership).
Legal Person – Senior managing official	Individual who holds the position of senior managing official responsible for strategic decisions that fundamentally affect the business practices or general direction of the entity or exercises executive control over the daily or regular affairs of the legal person.
Trust – Settlor	Settlors are natural or legal persons who transfer ownership of their assets to trustees by means of a trust deed or similar arrangement.
Trust – Trustee	A trustee holds the legal title to the trust property and has a duty to administer and deal with the trust property in the interests of the beneficiaries in accordance with the terms agreed with the settlor upon set up of the trust.
Trust – Protector	A protector enforces and monitors the trustee's actions, such as overseeing investment decisions or authorising a payment to a beneficiary.
Trust – Beneficiary	Beneficiary or member of the class of beneficiaries.
Trust – Other	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary).
Legal Arrangement (non-trust) – Settlor-equivalent	Individual in a position equivalent/similar to settlor.
Legal Arrangement (non-trust) – Trustee-equivalent	Individual in a position equivalent/similar to trustee.
Legal Arrangement (non-trust) – Protector-equivalent	Individual in a position equivalent/similar to protector.
Legal Arrangement (non-trust) – Beneficiary-equivalent	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries.
Legal Arrangement (non-trust) – Other-equivalent	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary).

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