TAX COMPLIANCE – INTERNATIONAL EXCHANGE OF INFORMATION AGREEMENT ENTITY SELF-CERTIFICATION FORM

Tax regulationsⁱ require the collection of certain information about each account holder's tax residency status.

Please complete, where applicable, the relevant sections below and provide any additional information as may be required.

In certain circumstances there may be a requirement to share this information with the tax authorities.

If you have any questions about how to complete this form, please contact your tax advisor or local tax authority.

If your organisation is resident in the United Statesⁱⁱ or has multiple residencies, including the United States, in addition to the form, you should provide a completed, signed and dated IRS Form W-9.

Part I –	Entity/Organisation Details					
a)	Name of Entity or Organisation					
b)	Country of Incorporation or or Organisation					
c)	Permanent Residence Address					
	(Do not use a P.O. box (unless this is your registered address or an 'in care of address')					
d)	Country					
e)	Postcode					
f) Fro	Mailing Address (if different method in the above)					-
g)	Country					-
h)	Postcode					-
i)	Cust ID (existing ICICI Bank UK Plc customers only)					
Part II -	- Tax Residency					
	by certify that the entity or organisati please complete as appropriate:	ion identified above is	incorpora	ated and taxa	able in the US (Specified US
			Yes		No	

If "Yes" you should provide a completed, signed and dated IRS Form W-9 and please proceed to Part IV and complete the Declaration and Signature section.

b) I hereby	by certify that the entity or organisation is a resident of:			
for tax purp	urposes;			
And				
	tity or organisation's Tax Identification Number (TIN) or functional			
Or				
functional e	ntity or organisation's country of residence for tax purposes does not issue TINs or all equivalent to its residents or the entity or organisation is otherwise unable to productional from its country of residence (please tick box if relevant).			
And				
	ity or organisation is tax resident in more than one jurisdiction please complete the as appropriate for the additional jurisdictions.	following		
Country: _	or TIN Unavai	lable		
Country: _	or TIN Unavai	lable		
	A - For a Financial Institution (FI) to complete rganisation is a FI, please complete a) or b) below as appropriate:			
(a) Pai	Participating FFI or Registered Deemed Compliant (including Reporting Mod	lel 1 FFI)		
Ple	Please provide your Organisation's Global Intermediary Identification Number (GIIN)	ı:		
•	not have a GINN but you are sponsored by another entity which does, please your sponsor's GIIN above and state your sponsor's name:			
(b) If u	unable to provide a GIIN, please tick the reason why your organisation does not ha	ve a GIIN:		
i)	It is an Exempt Beneficial Owner (i.e. an International organisation):			
ii)	It is a Certified Deemed Compliant Financial Institution (i.e. registered charity):			
iii)	It is an Owner Documented Foreign Financial Institution with Specified US owners:			
iv)	It is a Non-Participating Foreign Financial Institution:			
v)	Participating Financial Insitution in Non-IGA jurisdiction:			
√i)	Other (please state):			

Section B – For a Non-Financial Institution (NFI) to complete (if your organisation is a resident of the UK Crown Dependencies or Gibraltar, then please see Note 1, below):					
If your organisation	is not a FI, please	confirm your organis	ation's status b	elow:	
Active NFFE		Passive NFFE		Direct Reporting NFFE	
Note 1: If our classification differs under the UK Crown Dependencies/Gibraltar Intergovernmental Agreements please note the alternative classification below:					
UK-CD/Gibraltar Clas	ssification:				
•		ease provide your GIIN		your sponsoring entity and	d the name of the
		e sponsoring entity ha act as the sponsoring		the entity identified above entity:	

Section C: For Passive NFFEs

For Passive NFFEs, please complete for each controlling person the table below (please continue on a separate sheet if necessary, signing, dating and attaching the sheet to this form).

Controlling Persons are defined as natural persons who exercise control over the entity or the shareholders of the entity based on local Anti-Money Laundering (AML) requirements.

In the case of a Trust this means:

- the settlor;
- the trustees;
- the protector (if any);
- the beneficiaries or class of beneficiaries; and
- any other natural person exercising ultimate effective control over the Trust.

In the case of a legal arrangement other than a Trust, it means persons in equivalent or similar positions.

If the Controlling Person(s) are US Citizens then they should additionally completed and provide to us a W9 form.

Name	Address	Tax Residence(s) (List all)	TIN(s) (Provide all)	Place of birth (City/Town & Country) and Date of Birth (DD/MM/YYYY)

Part IV - Declaration and Signature

- 1. I authorise the Recipient to provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or conduct a similar control of the Recipient for tax purposes, a copy of this form and to disclose to such tax authorities or such party any additional information that the Recipient may have in its possession that is relevant to the entity's qualification for any benefits claimed on the basis of this Declaration. I acknowledge and agree that information contained in this from and information regarding income paid or credited for the benefit of relevantⁱⁱⁱ accounts may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information in the country in which the entity is resident for tax purposes.
- 2. I authorise the Recipient to provide, directly or indirectly, a copy of this form and information relating to relevant accounts, as required by law, to: (i) any person that has control, receipt, or custody of income to which this from relates; (ii) any person that can disburse or make payments of income to which this form relates; or (iii) any party authorised to audit or conduct a similar control of aforementioned persons for tax purposes.
- 3. I certify that the entity named is the beneficial owner of all the income to which this form relates.
- 4. I understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with the tax regulations. The Bank is not able to offer any tax advice on the regulations or its impact on the applicant. I should seek advice from a tax advisor for any tax questions.
- 5. I undertake to notify the recipient of any change in circumstances that causes any certification on this form to become incorrect and to provide a suitably updated form within 30 days of such change.

I certify that I have the capacity to sign for the entity. I declare that I have examined the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete.

Authorised signature	
Print Name and add Company seal (if applicable)	
Date (DD/MM/YYYY)	

ⁱ The term 'tax regulations' refers to regulations created to enable automatic exchange of information and include the Foreign Account Tax Compliance Act (FATCA), various agreements to improve international tax compliance entered into between the UK, the Crown Dependencies and the Overseas Territories, and the OECD Common Reporting Standard for Automatic Exchange of Information, as implemented in the relevant jurisdictions.

ⁱⁱ The definitions of these terms may be found in paragraphs §1.1471 – 1, §1.1471 – 5, §1.1471 – 6, §1.1472 – 1 and §1.1473 – 1 of the United States Internal Revenue Code. If the country in which your organisation is resident has signed an Intergovernmental Agreement (IGA) with the United States or with other relevant countries, please refer to the equivalent definitions in the relevant IGA and or the enabling legislation applicable to that country's IGA.

iii Relevant accounts are any accounts opened with ICICI Bank UK Plc held by the entity or organisation noted above.