

# CONTROLLING PERSON SELF-CERTIFICATION FORM

## PART 1: IDENTIFICATION OF A CONTROLLING PERSON

**Title** : ☐ Mr ☐ Madam ☐ Ms ☐ Others (Please specify) .....

**Name as in NRIC / Passport** : .....

**NRIC No. (New) / Passport No.** : ..... **Country of Birth** : .....

**Date of Birth (DD/MM/YYYY)** : ..... **Gender** : ☐ Male ☐ Female

**Correspondence Address** : .....

**Town / City** : .....

**State / Territory** : ..... **Postcode** : .....

**Residential Address (if different from the above) Line 4 (Country)** : .....

**Town / City** : .....

**State / Territory** : ..... **Postcode** : .....

Please enter the legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person.

**Legal name of Entity 1** : .....

**Legal name of Entity 2** : .....

**Legal name of Entity 3** : .....

## PART 2: TAX RESIDENCE INFORMATION

Please complete the following table indicating

- (i) where the Controlling Person is a tax resident;
- (ii) the Controlling Person's TIN for each country/jurisdiction indicated, and;
- (iii) if the Controlling Person is a tax resident in a country/jurisdiction that is a Reportable Jurisdiction(s) then please also complete Part 3 "Type of Controlling Person"

I hereby declare and confirm that :

- ☐ I am a Malaysia tax resident only (Please proceed directly to Part 3)
- ☐ I am a Malaysia and non-Malaysia tax resident (Please complete the following table)
- ☐ I am a non-Malaysia tax resident (Please complete the following table)

Please indicate your country of tax residence [if resident in more than one country, please detail all countries of tax residence and associated Tax Identification Numbers ("TINs")].

Country of Tax Residency	Tax Identification No. (TIN)	If TIN or equivalent is unavailable, please tick the reason (A, B or C)	If Reason B was chosen, please explain why
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

Reason A – The country/jurisdiction where the Account Holder is liable to pay tax does not issue TIN to its residents.

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number.

Reason C – No TIN is required. (Only select this reason if the authorities of the country of residence for tax purposes do not require the TIN to be disclosed.)

(The remainder of this page is deliberately left blank)

### PART 3: TYPES OF CONTROLLING PERSON

Please provide the Controlling Person's Status by ticking the appropriate box.

Type of Entity	Type of Controlling Person	Entity 1	Entity 2	Entity 3
Legal Person	Control by Ownership (i.e. not less than 25% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Control by Other Means (i.e. not less than 25% of voting rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust	Settlor-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other-equivalent (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PART 4: DECLARATIONS AND SIGNATURE

- 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 Opus Asset Management Sdn Bhd [Registration No. 199601042272 (414625-T)] and/or Opus Islamic Asset Management Sdn Bhd [Registration No. 202001022262 (1378582-V)] (collectively refers to "OpusAsset") setting out how OpusAsset may use and share the information supplied by me.
- I acknowledge that the information contained in this form and information regarding the Controlling Person and any reportable account(s) may be reported 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 or countries/jurisdictions in which [I/The Controlling Person] may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the entity account holder to which this form relates.
- I/We acknowledge that the information contained in this form and information regarding my account(s) with OpusAsset may be provided to:
  - Inland Revenue Board of Malaysia (IRBM) and they may exchange this information with the tax authorities of other countries pursuant to intergovernmental agreements to exchange financial account information.
  - Any government authorities, regulatory bodies and/or any other relevant person(s) located in Malaysia and outside Malaysia in respect of the FATCA/CRS reporting requirements.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to advise OpusAsset of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide OpusAsset with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

Signature : .....

Name : .....

Date : .....

Note: If you are completing this form on behalf of a Controlling Person, please indicate the capacity in which you are signing in Part 4 of the form; if you are signing under a power of attorney, kindly attached a certified copy of the power of attorney.

Capacity : .....  
(Only applicable if you are not the Controlling Person)