

Self-certification Form – Controlling Person
(Sample form for reference and to be adopted by financial institutions)

Example

1 Identification of a Controlling Person

Mr. ☒	Robins		Martin	
Ms. / Mrs. ☐	Surname		Given Name	Middle Name
Date of Birth	02 / 05 / 1973 (dd / mm / yyyy)	Place of Birth	London City	United Kingdom Country

2 Information on address of Controlling Person

2.1 Current Residence Address

Line 1: (Street, N.º, Building, Floor, Room) Avenida de Mar, N.º 72, Jardim Mar, Bloco 2, 4 Andar L

Line 2: (City) Macao

Line 3: (Province, State)

Country China Postal / Zip Code

2.2 Mailing Address (please only complete if mailing address is different to the current residence address)

Line 1: (Street, N.º, Building, Floor, Room)

Line 2: (City)

Line 3: (Province, State)

Country Postal / Zip Code

3 Jurisdiction of Residence and Taxpayer Identification Number or functional equivalent number (hereinafter referred as “TIN”)

Please complete the following table, indicating (a) the jurisdiction of residence (including Macao SAR) of the Controlling Person and (b) the Controlling Person’s TIN for each jurisdiction indicated.

If the Controlling Person has more than three jurisdictions of residence, please use a separate sheet.

If the Controlling Person has tax obligation in the Macao SAR, the TIN is the taxpayer number or the Macao SAR resident identity card number.

If a TIN is unavailable, please provide the appropriate reason:

Reason A – The jurisdiction of residence of the Controlling Person does not issue TINs to its residents.

Reason B – The Controlling Person is otherwise unable to obtain a TIN. (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C – No TIN is required. (The authorities of the jurisdiction of residence do not require the TIN to be disclosed)

Jurisdiction of residence	TIN	If no TIN available, enter Reason A, B or C	If Reason B is selected, please explain why you are unable to obtain a TIN
(1) Macao	1XXXXXX		
(2)			
(3)			

4	The legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person				
Entity	Legal name of Entity Account Holder(s)				
(1)	EDGH Company Limited				
(2)					
(3)					
5	Type of Controlling Person (Please provide ✓ in following appropriate boxes, specifying type of the Controlling Person for each Entity in Column 4)				
Type of Entity	Type of Controlling Person	Entity (1)	Entity (2)	Entity (3)	
Legal Person	Natural person who exercises control over the entity (holding no less than 25% of issued share capital or voting rights)	☒	☐	☐	
	Natural person who exercises control of the entity through other means	☐	☐	☐	
	Natural person who holds the position of senior managing official	☐	☐	☐	
Trust	Settlor	☐	☐	☐	
	Trustee	☐	☐	☐	
	Protector	☐	☐	☐	
	Beneficiary or member of the class of beneficiaries	☐	☐	☐	
	Others (For example: Natural person who exercises control over an entity, as a Settlor, Trustee, Protector or Beneficiary in another entity)	☐	☐	☐	
Legal arrangement (non-trust)	Natural person who is equivalent / similar to a Settlor	☐	☐	☐	
	Natural person who is equivalent / similar to a Trustee	☐	☐	☐	
	Natural person who is equivalent / similar to a Protector	☐	☐	☐	
	Natural person who is equivalent / similar to a Beneficiary or member of the class of Beneficiaries	☐	☐	☐	
	Others (For example: Natural person who exercises control over an entity being a Settlor-equivalent, Trustee-equivalent, Protector-equivalent or Beneficiary-equivalent)	☐	☐	☐	

Example

6 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 XX Bank (Financial Institution's name), setting out how XX Bank (Financial Institution's name) 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 Macao SAR Financial Services Bureau and exchanged with tax authorities of such jurisdictions of residence of the Controlling Person, pursuant to agreements for exchange financial account information.

I certify that I am the Controlling Person / I am authorized to sign for the Controlling Person, of all the account(s) held by the Entity Account Holder to which this form relates^{#1}.

I undertake to advise XX Bank (Financial Institution's name) of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide XX Bank (Financial Institution's name) with a suitably updated self-certification within xx^{#2} days of such change in circumstances.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

Note :

If you are not the Controlling Person, please indicate the capacity in which you are signing the form.

Name _____

Capacity _____

If you are signing under a power of attorney please also attach a certified copy of the power of attorney.

Signature

Martin Robins

Date

22 / 03 / 2023

(dd / mm / yyyy)

^{#1} Delete where not applicable.

^{#2} Financial Institutions may determine the time-limits (for example "30 days") pursuant to "The Common Reporting Standard and the Due Diligence Procedures for Financial Account Information" and their own procedures.

Note :

- With regard to the interpretation of the terms used in this form, please refer to Article 8 of the "The Common Reporting Standard and the Due Diligence Procedures for Financial Account Information".