

Common Reporting Standard (CRS) Self-Certification

Account Holder Type: Entity

Please read before completing this form: Tax authorities require Freedom Securities Trading Inc. ("FSTI") to collect and report certain information about its Account Holders' tax residency status. To enable FSTI to comply with its obligation to report to the relevant tax authorities, you are required to state the residency for tax purposes of the person or persons identified as the holder(s) of a Financial Account. On this form these persons are cumulatively referred to as the "Account Holder(s)".

Please complete this form if you represent an Entity Account Holder. Where possible, please type into this document rather than hand-write in the information. Please do not complete this form if you are an Individual Account Holder.

Please refer to the Annex for a list of definitions which is provided for your general guidance and information. FSTI does not provide any tax advice. If you have any questions, we request you consult with your own professional tax advisers.

Part 1 – Identification of Account Holder

- A. Legal Name of Entity**
- B. Country of incorporation**
- C. Current Registered Address**
- D. Mailing Address:** *(please only complete if different from the above)*

Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number ("TIN")

Please complete the following table indicating (i) where the Account Holder is resident for tax purposes and (ii) the Account Holder's TIN for each country/jurisdiction indicated.

Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

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 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 TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number *(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. *(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)*

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

I certify the tax residence countries provided represent all countries in which the Entity considered a tax resident.

If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.

Part 3 – CRS Status

Please provide the Account Holder's Status by ticking one of the following boxes

Is the Account Holder a Financial Institution?

(If "Yes" Please only tick one of the boxes below) Yes

No (If "No" Please only tick one of the boxes below)



Financial Institution – Investment Entity

Non-Financial Entity ("NFE")

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
(if ticking this box, please complete the Controlling Persons Attachment)

Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation *(if ticking this box, please provide below the name of the established securities market and the name of the related entity if applicable)*

Name of securities market: _____

Name of related entity: _____

ii. Other Investment Entity

Active NFE – a Government Entity or Central Bank

Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

Active NFE - A Start-up Company formed in the past 24 months
Please provide the date of the initial organisation of the entity:

Active NFE – Other

Passive NFE *(if ticking this box, please complete the Controlling Persons Attachment)*

Part 4 – Declaration 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 Freedom Securities Trading Inc setting out how Freedom Securities Trading Inc may use and share the information supplied by me.
- I acknowledge that the information contained in this form and information regarding the 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 or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- **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 Freedom Securities Trading Inc within 30 days 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 or incomplete, and to provide Freedom Securities Trading Inc with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature:	
Name of signer:	
Capacity in which signing (if not signed be Account Holder): <i>If signing under a power of attorney, please also attach a certified copy of the power of attorney</i>	
Date (DD/MM/YYYY):	

Controlling Persons

Attachment

Please provide the information requested below on the Account Holder’s controlling person(s) if you have indicated that the Account Holder is for CRS purposes a Passive NFE or an investment entity managed by a financial institution with a tax residence in a non-CRS jurisdiction.

Controlling Persons – the natural persons who exercise control over an Entity. In case of a trust, such term means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

This attachment is considered an integral part of the self-certification to which it is associated.

If there is a change in Controlling Persons, please submit an updated attachment within 30 days.

Controlling Person 1

First Name		Family Name/Surname			
Current Residence Address					
City/Town	State/Province	Postal Code	Country (do not abbreviate)		
Date of Birth (DD/MM/YYYY)		City/Town of Birth	Country of Birth		
Country of Tax Residence 1		Taxpayer Identification Number 1 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 2		Taxpayer Identification Number 2 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 3		Taxpayer Identification Number 3 (If TIN is unavailable, provide an explanation):			
Controlling Person Type					
Legal Person:	<input type="checkbox"/> Control by Ownership	<input type="checkbox"/> Control by Other Means	<input type="checkbox"/> Senior Managing Official		
Legal Arrangement – Trust:	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other
Legal Arrangement – Other:	<input type="checkbox"/> Settlor-Equivalent	<input type="checkbox"/> Trustee-Equivalent	<input type="checkbox"/> Protector-Equivalent	<input type="checkbox"/> Beneficiary-Equivalent	<input type="checkbox"/> Other-Equivalent

Controlling Person 2

First Name		Family Name/Surname			
Current Residence Address					
City/Town	State/Province	Postal Code	Country (do not abbreviate)		

Date of Birth (DD/MM/YYYY)		City/Town of Birth		Country of Birth	
Country of Tax Residence 1		Taxpayer Identification Number 1 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 2		Taxpayer Identification Number 2 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 3		Taxpayer Identification Number 3 (If TIN is unavailable, provide an explanation):			
Controlling Person Type					
Legal Person:	<input type="checkbox"/> Control by Ownership	<input type="checkbox"/> Control by Other Means	<input type="checkbox"/> Senior Managing Official		
Legal Arrangement – Trust:	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other
Legal Arrangement – Other:	<input type="checkbox"/> Settlor-Equivalent	<input type="checkbox"/> Trustee-Equivalent	<input type="checkbox"/> Protector-Equivalent	<input type="checkbox"/> Beneficiary-Equivalent	<input type="checkbox"/> Other-Equivalent

Controlling Person 3

First Name		Family Name/Surname			
Current Residence Address					
City/Town	State/Province	Postal Code	Country (do not abbreviate)		
Date of Birth (DD/MM/YYYY)	City/Town of Birth		Country of Birth		
Country of Tax Residence 1		Taxpayer Identification Number 1 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 2		Taxpayer Identification Number 2 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 3		Taxpayer Identification Number 3 (If TIN is unavailable, provide an explanation):			
Controlling Person Type					
Legal Person:	<input type="checkbox"/> Control by Ownership	<input type="checkbox"/> Control by Other Means	<input type="checkbox"/> Senior Managing Official		
Legal Arrangement – Trust:	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other
Legal Arrangement – Other:	<input type="checkbox"/> Settlor-Equivalent	<input type="checkbox"/> Trustee-Equivalent	<input type="checkbox"/> Protector-Equivalent	<input type="checkbox"/> Beneficiary-Equivalent	<input type="checkbox"/> Other-Equivalent

Controlling Person 4

First Name		Family Name/Surname			
Current Residence Address					
City/Town		State/Province	Postal Code	Country (do not abbreviate)	
Date of Birth (DD/MM/YYYY)		City/Town of Birth		Country of Birth	
Country of Tax Residence 1		Taxpayer Identification Number 1 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 2		Taxpayer Identification Number 2 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 3		Taxpayer Identification Number 3 (If TIN is unavailable, provide an explanation):			
Controlling Person Type					
Legal Person:	<input type="checkbox"/> Control by Ownership	<input type="checkbox"/> Control by Other Means		<input type="checkbox"/> Senior Managing Official	
Legal Arrangement – Trust:	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other
Legal Arrangement – Other:	<input type="checkbox"/> Settlor-Equivalent	<input type="checkbox"/> Trustee-Equivalent	<input type="checkbox"/> Protector-Equivalent	<input type="checkbox"/> Beneficiary-Equivalent	<input type="checkbox"/> Other-Equivalent

Controlling Person 5

First Name		Family Name/Surname			
Current Residence Address					
City/Town		State/Province	Postal Code	Country (do not abbreviate)	
Date of Birth (DD/MM/YYYY)		City/Town of Birth		Country of Birth	
Country of Tax Residence 1		Taxpayer Identification Number 1 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 2		Taxpayer Identification Number 2 (If TIN is unavailable, provide an explanation):			
Country of Tax Residence 3		Taxpayer Identification Number 3 (If TIN is unavailable, provide an explanation):			

Controlling Person Type					
Legal Person:	<input type="checkbox"/> Control by Ownership	<input type="checkbox"/> Control by Other Means	<input type="checkbox"/> Senior Managing Official		
Legal Arrangement – Trust:	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other
Legal Arrangement – Other:	<input type="checkbox"/> Settlor-Equivalent	<input type="checkbox"/> Trustee-Equivalent	<input type="checkbox"/> Protector-Equivalent	<input type="checkbox"/> Beneficiary-Equivalent	<input type="checkbox"/> Other-Equivalent