Section B – For a Non-Financial Entity (NFE) to complete

(a) 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 you have ticked (a), please provide the name of the established securities market on which the corporation is regularly traded:

> If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (a) is a Related Entity of

- (b) Active NFE a Government Entity or Central Bank
- (c) Active NFE an International Organisation
- (d) Active NFE other (Please refer to guidance for further details)

If you are a Start-up company formed in the past 24 months, please provide your date of incorporation.

Date / /

(DD/MM/YYYY)

(e) Passive NFE (Note: if ticking this box please complete Section C)

If your organisation is a resident of the UK Crown Dependencies or Gibraltar and your classification differs under the UK Crown Dependencies/Gibraltar Intergovernmental Agreements then please add alternative classification below:

UK-CD/Gibraltar Classification:

(d) A UNITED KING-DOM RESIDENT EMPLOYER FINANCED OCCUPATIONAL PENSION SCHEME

Section C - Controlling Persons

Controlling Persons⁴ are the natural person(s) who exercise control over an entity.

In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership).

Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust

If you have ticked Section A (a) I or Section B (e) above, please complete the details for each Controlling Person in the section below (please continue on a separate sheet if necessary, signing, dating and attaching the sheet to this form) or attach completed Controlling Person forms for each Controlling person:

Please choose the capacity/position of Controlling Person from this list - Controlling Person of:

An entity or other legal person – control by ownership An entity or other legal person – control by other means An entity or other legal person – senior managing official

a trust - settlor

✓ a trust – trustee

a trust - protector

a trust – beneficiary

a trust - other

a legal arrangement (non-trust) - settlor-equivalent

a legal arrangement (non-trust) - trustee-equivalent

a legal arrangement (non-trust) - protector-equivalent

a legal arrangement (non-trust) – beneficiary-equivalent

a legal arrangement (non-trust) - other-equivalent

Controlling Persons - 1st - TRYSTEE

Capacity/Position TRYSTEE AND RENEFICIARY

Surname: BRENTON

Title: MR

Permanent Residential Address:

First Name JAMIE Street:

Middle Names(s): MICHAEL Town:

Date of Birth: 05/08 / 1976 City:

(DD/MM/YYYY)
Place of Birth (City/Town)
Postal Code:

Country of Birth:

Please complete the following table for any country the Controlling Person is considered a tax resident.

1. Country: UK
2. Country: TIN: or TIN unavailable or TIN unavailable or TIN unavailable or TIN unavailable or TIN unavailable

4. Country: or TIN: or TIN unavailable

If no TIN is available, please provide explanation below: (UTR NUMBER)

- 1.
- 3.
- ے ا

Controlling Persons – 2nd		
Capacity/Position TRUSTEE AND	BENEFICIARY	
Surname: BRENTON		
Title: MR5	Permanent Residen	itial Addroce
First Name KATHERINE	Street:	and Address:
Middle Names(s)	Town:	
Date of Birth: 13 /04 /1975	City:	
Place of Birth (City/Town)	Postal Code:	
Country of Birth:	Country:	
Please complete the following table for any cour	ntry the Controlling Person is co	Onsidered a tay resident
L Country:	TIN:	THE STATE OF THE S
2. Country:	TIN:	or TIN unavailable NEAMS
3. Country:	TIN:	or TIN unavailable
4. Country:	TIN:	or TIN unavailable
If no TIN is available, please provide explanation t	pelow:	
1.		
2. 3		
4.		
Controlling Persons – 3rd		
Capacity/ Position TRUSTEE AND BEN Surname: BURKE	EFICIARY	
Surname: BURKE Title: MR		
	Permanent Residential Address:	
First Name THOMAS	Street:	
Middle Names(s):	Town:	
Date of Birth: 05/03 / 1964	City.	
Place of Birth (City/Town)	Postal Code:	
Country of Birth:	Country:	
Please complete the following table for any country	the Controlling Person is cons	sidered a tax resident
1. Country	TIN:	or TIN unavailable UTR
2. Country.	TIN:	or TIN unavailable NUMBER
3. Country:	TIN:	or TIN unavailable
4. Country:	TIN:	or TIN unavailable

If no TIN is available, please provide explanation below:

1. 2. 3. 4.

Controlling Persons – 2nd 47H		
Capacity Position TRUSTEE AND B.	ENEFICIARY	
Sumame: BURKE		
Erist Name DEBRA	Permanent Residen Street:	itial Address:
Middle Names(s)	Town	
Date of Birth: 18/03/1966	City:	
Place of Birth (City/Town)	Postal Code:	
Country of Birth:	Country:	
Please complete the following table for any co		onsidered a tay cocident
Country	TIN:	or TIN unavailable
2 Country	TIN:	or TIN unavariable
3 Country	TIN:	or TIN unavailable
4 Country	TIN:	or TIN unavailable
if no TIN is available, please provide explanation		Crim Gridvariatre
1. 2. 4		
Controlling Persons – 3rd 57H		
Capacity Position SETTLOR		
Surname BREBUR LTD		
Title	Permanent Residentia	nl Address-
First Name	Street:	
Middle Names(s):	Town:	
Date of Birth: / /	City.	
Place of Birth (City/Town)	Postal Code:	
Country of Birth.	Country:	
Please complete the following table for any coun	try the Controlling Person is con	sidered a tax resident
Country	TIN:	AND THE RESERVE OF THE PERSON
2 Country	TIN:	or TIN unavailable (CCRPCRATION) or TIN unavailable
3 Country	TIN:	or TIN unavailable
4 Country	TIN:	or TIN unavailable
If no TIN is available, please provide explanation b	pelow:	