

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 KINGDOM 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 | a trust – other |
| An entity or other legal person – control by other means | a legal arrangement (non-trust) – settlor-equivalent |
| An entity or other legal person – senior managing official | a legal arrangement (non-trust) – trustee-equivalent |
| <input checked="" type="checkbox"/> a trust – settlor | a legal arrangement (non-trust) – protector-equivalent |
| <input checked="" type="checkbox"/> a trust – trustee | a legal arrangement (non-trust) – beneficiary-equivalent |
| a trust – protector | a legal arrangement (non-trust) – other-equivalent |
| a trust – beneficiary | |

Controlling Persons – 1st – TRUSTEE

Capacity/ Position **TRUSTEE AND BENEFICIARY**

Surname: **SENIOR**

Title: **MR**

First Name **KEITH**

Middle Names(s): **ARTHUR**

Date of Birth: **09/01/1950**
(DD/MM/YYYY)

Place of Birth (City/Town)

Country of Birth:

Permanent Residential Address:

Street:

Town:

City:

Postal Code:

Country:

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

- | | | |
|-----------------------|------|--------------------|
| 1. Country: UK | TIN: | or TIN unavailable |
| 2. Country: | TIN: | or TIN unavailable |
| 3. Country: | TIN: | or TIN unavailable |
| 4. Country: | TIN: | or TIN unavailable |

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

- 1.
- 2.
- 3.
- 4.

Controlling Persons – 2nd

Capacity/ Position **SETTLOR**

Surname: **DUALIMACH LIMITED**

Title:

First Name

Permanent Residential Address:

Street:

Middle Names(s):

Town:

Date of Birth:
(DD/MM/YYYY)

/ /

City:

Place of Birth (City/Town)

Postal Code:

Country of Birth:

Country:

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

1. Country:	TIN:	or TIN unavailable (CORPORATION TAX)
2. Country:	TIN:	or TIN unavailable
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 – 3rd

Capacity/ Position

Surname:

Title:

First Name

Permanent Residential Address:

Street:

Middle Names(s):

Town:

Date of Birth:
(DD/MM/YYYY)

/ /

City:

Place of Birth (City/Town)

Postal Code:

Country of Birth:

Country:

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

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