

To: Astrum Capital Management Limited  
 Room 2704, 27/F, Tower 1, Admiralty Centre, 18 Harcourt Road, Hong Kong  
 Ref. No.: CRS-CONTROLLING\_PERSON-ENG

**Self-Certification Form – Controlling Person**

**Important Notes:**

- **This is a self-certification form provided by a controlling person to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.**
- **A controlling person should report all changes in his/her tax residency status to the reporting financial institution.**
- **All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (\*) are required to be reported by the reporting financial institution to the Inland Revenue Department.**

**Part 1 Identification of Controlling Person**

**(1) Name of Controlling Person**

Title (e.g. Mr, Mrs, Ms, Miss) \_\_\_\_\_  
 Last Name or Surname \* \_\_\_\_\_  
 First or Given Name \* \_\_\_\_\_  
 Middle Name(s) \_\_\_\_\_

**(2) Hong Kong Identity Card or Passport Number**

\_\_\_\_\_

**(3) Current Residence Address**

Line 1 (e.g. Suite, Floor, Building, Street, District) \_\_\_\_\_  
 Line 2 (City) \* \_\_\_\_\_  
 Line 3 (e.g. Province, State) \_\_\_\_\_  
 Country \* \_\_\_\_\_  
 Post Code/ZIP Code \_\_\_\_\_

**(4) Mailing Address (Complete if different to the current residence address)**

Line 1 (e.g. Suite, Floor, Building, Street, District) \_\_\_\_\_  
 Line 2 (City) \_\_\_\_\_  
 Line 3 (e.g. Province, State) \_\_\_\_\_  
 Country \_\_\_\_\_  
 Post Code/ZIP Code \_\_\_\_\_

**(5) Date of Birth \* (dd/mm/yyyy)**

\_\_\_\_\_

**(6) Place of Birth (Not compulsory) Town/City**

Province/State Country \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 2 The Entity Account Holder(s) of which you are a controlling person**

Enter the name of the entity account holder of which you are a controlling person.

Entity	Name of the Entity Account Holder
(1)	
(2)	
(3)	

**Part 3 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) \***

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the controlling person is a **resident for tax purposes** and (b) the controlling person’s TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) the jurisdictions of residence.

If the controlling person is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.

If a TIN is unavailable, provide the appropriate reason A, B or C:

**Reason A** – The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.

**Reason B** – The controlling person is unable to obtain a TIN. Explain why the controlling person is unable to obtain a TIN if you have selected this reason.

**Reason C** – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

Jurisdiction of Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why the controlling person is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

**Part 4 Type of Controlling Person**

Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2.

Type of Entity	Type of Controlling Person	Entity (1)	Entity (2)	Entity (3)
Legal Person	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through 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 or member of the class of beneficiaries	<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	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (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 5 Declarations and Signature**

I acknowledge and agree that (i) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (ii) such information and information regarding the controlling person and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with tax authorities of another jurisdiction or jurisdictions in which the controlling person may be resident for tax purposes pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112) .

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(s) to which this form relates.

I undertake to advise \_\_\_\_\_ (state the name of the financial institution) 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, and to provide \_\_\_\_\_ (state the name of the financial institution) with a suitably updated self-certification form within 30 days of such change in circumstances.

**I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Capacity \_\_\_\_\_  
Date (dd/mm/yyyy) \_\_\_\_\_

(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.)

# Delete as appropriate

**WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a selfcertification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).**