

Common Reporting Standards – CRS Self Certificate for Entities

1. Please fill in this form only in case you certify that you are authorized to sign on behalf of the entity.
2. If you are “individual” account holder, please complete the “Individual tax residency self certificate form”. For joint accounts holders, please complete a separate form for each account holder.
3. If the account holder is a U.S tax resident under U.S. law, you should indicate that the account holder is a US tax resident on this form any you may also need to fill in an IRS W-9 Form.
4. In case the account holder is a Passive NFE, or an Investment Entity (Investment Company, Fund, Portfolio Manager Broker.... etc.) located in a non-participating jurisdiction managed by another Financial Institution; please provide National Bank of Kuwait with information on the natural person(s) who exercise control over the account holder by filling section (5) in this form.
5. You should indicate the capacity in which you have signed this form in part (4).
6. As a financial institution, we are not allowed to give any tax advice.

Part (1): Identification of Entity Account Holder

Corporate Entity/ Legal Name (Must be given in English as well)	NATIONAL BANK OF KUWAIT - JEDDAH	
الاسم القانوني للشركة / الكيان يجب ذكر الاسم باللغة العربية كما بالمستندات القانونية المحدثه للشركة/الكيان:	بنك الكويت الوطني جدة	
Country of Incorporation or Organization:	Kingdome of Saudi Arabia	
Date of Establishment (dd/mm/yyyy):	08/02/2005	
Current address in Saudi Arabia (in English):		
Address:	P.O BOX 15385, AL MUKHMAL TOWERS, KHALDIYAH, JEDDAH 21444, KINGDOM OF SAUDI ARABIA	
Current address outside branch (Parent Country) (in English):		
Address:	P O Box 95 Safat, 13001 Kuwait Abdullah Al ahmad Street, Sharq	
City: Kuwait City	Country: Kuwait	
Mailing Address (if the mailing address is different that the residency address):		

Part (2): Entity Type

1. Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company
2. An Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution (*Note: if ticking this box please also complete Part 5 below*)
3. An Investment Entity located in a Participating CRS Jurisdiction

Please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purpose

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4. Publicly Listed Company and its Related Entity

- Your stock is regularly traded on one or more established securities markets, or
- You are an affiliate (in other words, a member) of an entity the stock of which is regularly traded on an established securities market
- The legal Entity does not perform any financial activities such as Insurance, Custody, and Investment or accept deposits.
- Please fill the following information:

Name of the Stock Exchange Market:

Registration Number:

If the account holder is a subsidiary of a listed company, please mention the name of the listed company	
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5. Government / Public Sector Entity/Central bank of Issue If you are any of the following:

- Government Agencies and Ministries
- Public Sector entities or fully owned by Government
- Central Bank
- Foreign Embassies or Trade Representative Offices

Also

- You are not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution
- The benefit of the entity's income does not inure to any private person

6. International Organizations (UN, WHO, World Bank, etc.)

7. Active Non- Financial Entity (Active NFE):

- You derive less than 50% of your gross income (for previous calendar year) from Passive Income such as investments, dividends, interests, rents or royalties, and
- More than 50% of the weighted average percentage of assets held by you (tested quarterly, using fair market value or book value of assets as reflected in your balance sheet) produce or are held to produce income for these business activities

Must mention your primary line of business as per the recent legal documentation of the Corporate/Entity:

8. Passive Investment Entity

- You derive more than 50% of your gross income (for the previous calendar year) from Passive Income such as investments, dividends, interests, rents or royalties.

(Note: if ticking this box please also complete Part 5 below). Please [click here](#) for the jurisdictions countries.

Part (3) : Country / Jurisdiction of Residence for Tax Purpose and related Taxpayer Identification Number or equivalent number (TIN) :

Please fill in the table indicating the following:

1. Name of the Country / Countries where the account holder is Tax Resident (must add at least one country of residency).
2. The account holder's "TIN" number for each country.
3. If the account holder is Tax Resident in more than three countries / jurisdiction, please use a separate sheet.
4. If the TIN is unavailable; please provide the appropriate reason A, B or C where indicated below:
 - a) The country / Jurisdiction where the account holder is resident does not issue TINs to its residents.
 - b) The account holder is unable to obtain a TIN or equivalent number (please explain why the legal entity is unable to obtain a TIN number in the below table if you have selected this 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 Residency	TIN	If no TIN available enter reason A, B, or C
1 Saudi Arabia	30001431400003	
2		
3		

For legal entities incorporated in Kuwait, please add "Kuwait" at least as a Tax Resident country and add the Corporate CID number as the legal entity TIN.

If you selected reason B above, please explain in the following boxes why the legal entity is unable to obtain a TIN

1	
2	
3	

Part (4): Declaration and Signature

1. I declare that the information supplied by me is covered by the provisions of the terms and conditions governing the Account opening rules and regulations at National Bank of Kuwait and/or its Subsidiaries, and I also declare that National Bank of Kuwait and/or its Subsidiaries can use and exchange the information with third parties.
2. I acknowledge and agree that in the event of any enquires about my commitment to the requirements of the Common Reporting Standards Agreement (CRS), National Bank of Kuwait and/or its Subsidiaries may use and exchange the legal entity account(s) information including (account balance and received payments) to the Tax authorities / related parties and in return, those authorities / parties may also use and exchange this information to the Tax authorities in the countries where I the legal entity is a Tax Resident.
3. I certify that I am authorized to sign for the account holder of all the account(s) to which this form relates.
4. In case of any change in circumstances that cause the information contained herein to become incorrect I recognize that I will have to provide a suitable updated Self-Certification form within 30 days or outdated of such change in circumstances.

I declare that all statements made in this declaration are correct and complete.

Signature:



Name:

Yahya A. Refaie
يحيى أحمد رفاعي

Date (dd/mm/yyyy): 05/12/2017

Note: Please indicate the capacity in which you are signing the form. If signing under a Power of Attorney, please also attach a certified copy of the Power of Attorney.

Capacity:

A.G.M. Head of Operation

Part (5) Natural Persons that Controlling the Legal Entity Account

❖ In case of substantial shareholder owns %25 or more from the capital or profits.

Name of the beneficial owner (indicate whether a natural person or a legal entity)	Civil ID / Passport Number / Registration No.	Nationality (ies) (if a natural person)/Country of Incorporation (if a legal entity)	Country of tax residency (set out all countries the owner or co-owner (a natural person) is currently tax residency in)/ country of operations (if a legal entity)	Tax Identification Number (TIN)	Percentage of ownership interest or Profit sharing (if 25% or more)	Indicate whether ownership or profit sharing is direct or indirect In case of indirect ownership please copy this table and identify the beneficial owners and their ownership percentage

❖ In case the controlling person is Board Member or Executive Management

Full Name	Job Position/Title	Country of tax residency (set out all countries)	Civil ID / Passport Number	TIN	Contact Details	
					Address	Telephone

❖ The controlling person is an Authorized Signatory

Full Name	Civil ID or Passport number	Country of tax residency (set out all countries)	TIN	Date of Birth (DD-MM-YYYY)	Place of Birth	Contact Details	
						Address	Telephone