

For Non-Individual Entities  
(To be filled by applicant only)



1. Please fill the form in BLOCK LETTERS.  
2. All fields marked \* are mandatory.  
3. This is a MACHINE READABLE form and will pass through a SCANNER.  
4. Account facility shall be at sole discretion of Deutsche Bank AG, India.

For Bank use Only

For Bank use Only

Name																												
Constitution	<input type="checkbox"/> Sole Proprietorship				<input type="checkbox"/> Partnership Firm				<input type="checkbox"/> Public Ltd.				<input type="checkbox"/> Private Ltd.				<input type="checkbox"/> Trusts				<input type="checkbox"/> Clubs				<input type="checkbox"/> Society			
	<input type="checkbox"/> Associations				<input type="checkbox"/> Limited Liability Partnership				<input type="checkbox"/> Foreign Bodies				<input type="checkbox"/> Non Government Organisations															
	<input type="checkbox"/> HUF				<input type="checkbox"/> Others (Please specify) _____																							
Nature of Business	<input type="checkbox"/> Manufacturer				<input type="checkbox"/> Trader/ Stockist				<input type="checkbox"/> Service Provider				<input type="checkbox"/> Consultant/ Professional				<input type="checkbox"/> Exporter/Importer				<input type="checkbox"/> Retailer							
	<input type="checkbox"/> Consulates / Embassies				<input type="checkbox"/> Branch Office				<input type="checkbox"/> Project Office				<input type="checkbox"/> Liaison Office				<input type="checkbox"/> Others _____											
	Annual Turnover (INR in Crores)				<input type="checkbox"/> Less than 5				<input type="checkbox"/> 5 to 10				<input type="checkbox"/> 10 to 20				<input type="checkbox"/> 20 to 30				<input type="checkbox"/> 30 to 50				<input type="checkbox"/> Above 50			
Date of Incorporation				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of years in Business _____																	

Nature of Industry to which the Business belongs \_\_\_\_\_ \*PAN/ GIR No. \_\_\_\_\_  
(If not available, please attach Form No. 60/61)

[illegible]

CIN  (Mandatory in case of Companies & LLP)

[illegible]

Place of Incorporation \_\_\_\_\_ Country of Incorporation \_\_\_\_\_

\*Proof of Identity \_\_\_\_\_ Registration certificate Number \_\_\_\_\_

(Mandatory if provided as ID Proof)

\*Proof of Address submitted \_\_\_\_\_

[illegible][illegible]

*Title	<div><div>Mr</div><div>Ms</div><div>Mrs</div><div>Others (Please specify)</div></div>
*Name (as per Aadhaar)	<div><div>First name</div><div>Middle name</div><div>Last name</div></div>
Designation	
*Address Line - 1 (as per OVD)	
*Address Line - 2	
*City	<div><div>*PIN Code</div></div>
*State	<div><div>*Country</div></div>
Landline No. 1	<div><div>S</div><div>T</div><div>D</div><div>—</div><div>N</div><div>U</div><div>M</div><div>B</div><div>E</div><div>R</div><div>*Mobile No.</div><div>Country Code</div><div>—</div></div>
Landline No. 2	<div><div>S</div><div>T</div><div>D</div><div>—</div><div>N</div><div>U</div><div>M</div><div>B</div><div>E</div><div>R</div></div>
E-mail	
Current Address (if different from OVD address)	
*Address Line - 1	
*Address Line - 2	
*City	<div><div>*PIN Code</div></div>

*Name (as per Aadhaar)																														
	First name										Middle name										Last name									
Designation																														

\*Address Line - 1  
(as per OVD)

\*Address Line - 2

\*City

\*State

Landline No. 1

Landline No. 2

E-mail

Current Address (if different from OVD address)

\*Address Line - 1

\*Address Line - 2

\*City

\*State

Landline No. 1

Landline No. 2

E-mail

\*Date of Birth

\*Gender

M

F

T

\*Nationality

\*Country of Birth

Town/City of Birth

\*Country of Citizenship

&

PAN/ TIN No.

(If not available, please attach Form No. 60/61)

\*Country of Tax Residence

&

TIN No.

\*Mother's Maiden Name

Minor

Yes (please provide Guardian Details)

No

W9

Y

N

\*Father / Spouse Name

\*US TIN/SSN

\*US Person

Y

N

Proof of Identity submitted

Proof of address submitted

\*Aadhaar Card No.

Authorised Signatory

Y

N

Owner

Y

N

Percent Share Holding

Passport No.

Senior Citizen

Yes (please attach age proof)

No

Passport issuing Country

Date of Issue

D

D

M

M

Y

Y

Y

Y

Date of Expiry

D

D

M

M

Y

Y

Y

Y

Driving License No

Voter ID No

Others

DIN

(Mandatory for Directors & Partners in case of a LLP)

CKYC No

4.

\*Title

Mr

Ms

Mrs

Others (Please specify)

\*Name

(as per Aadhaar)

First name

Middle name

Last name

Designation

\*Address Line - 1  
(as per OVD)

\*Address Line - 2

\*City

\*PIN Code

\*State

\*Country

Landline No. 1

Landline No. 2

E-mail

Current Address (if different from OVD address)

\*Address Line - 1

\*Address Line - 2

\*City

\*PIN Code

\*State

\*Country

Landline No. 1

Landline No. 2

E-mail

\*Date of Birth

\*Gender

M

F

T

\*Nationality

\*Country of Birth

Town/City of Birth

\*Country of Citizenship

&

PAN/ TIN No.

(If not available, please attach Form No. 60/61)

\*Country of Tax Residence

&

TIN No.

\*Mother's Maiden Name

Minor

Yes (please provide Guardian Details)

No

W9

Y

N

\*Father / Spouse Name

\*US TIN/SSN

\*US Person

Y

N

Proof of Identity submitted

Proof of address submitted

\*Place of Declaration\_\_\_\_\_

# SELF-CERTIFICATION FOR ENTITY CLIENTS

(Only valid along with the Customer Information Form)

The U.S. Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) require Deutsche Bank AG and its affiliates (collectively "Deutsche Bank") to collect and report certain tax related information about its clients.

Please complete the sections below as directed and provide any additional information as may be required. If the tax residence of an Account Holder is located outside the country of the Deutsche Bank entity requesting this form and also in a Reportable Jurisdiction then the Account Holder will be a Reportable Jurisdiction Person and Deutsche Bank is legally bound to report the relevant information on this form to the appropriate tax authorities.

A branch of an Entity is treated as an Entity for the purposes of the CRS and the form should be completed with details for the branch, and not that of its parent.

U.S. tax forms may be required in addition to this Self-Certification.

- If you are a non-U.S. entity, receiving income that constitutes U.S. Source Fixed and Determinable Annual or Periodical (FDAP) income, please provide a completed IRS W-8 series tax form.
- If you are a U.S. entity please provide a completed IRS Form W-9.

This form is for entities only. Do not complete this form for an Individual Account Holder. Instead you should complete and provide the Self Certification for Individual Clients which can be obtained from your Deutsche Bank Relationship Manager.

If you have any remaining questions about how to complete this form or about how to determine your tax residence status you should contact your tax adviser or local tax authority. Deutsche Bank will not be in a position to provide assistance beyond the information contained within this guide as by law we are not permitted to give tax advice.

## Part 1 – Entity Certification

### Part 1 (a) – Financial Institutions

If this entity is a Financial Institution (FI), please select the FI's status from one of the options below.

1. Please select FI FATCA classification and provide GIIN in Line 2:

- ☐ i. Participating Foreign FI
- ☐ ii. Registered Deemed Compliant Foreign FI (including Reporting Model 1 FFI)
- ☐ iii. Reporting Model 2 Foreign FI

2. Please provide the Entity's GIIN  
(Global Intermediary Identification Number):

\_\_\_\_\_

3. If the Entity does not have a GIIN but is sponsored by another entity, which has a GIIN, please provide the following:

Sponsor's GIIN:

\_\_\_\_\_

Sponsor's Name:

\_\_\_\_\_

4. If the Entity does not have a GIIN (under Part 1(a) – Line 2) or cannot provide a GIIN from a Sponsor (Part 1(a) – Line 3), please provide the reason why the Entity cannot provide a GIIN for **FATCA** purposes:

- ☐ i. It is a FFI, which has applied for a GIIN and has not yet received a GIIN.
- ☐ ii. It is an Exempt Beneficial Owner (e.g. an international organisation)
- ☐ iii. It is a Certified Deemed Compliant FFI (e.g. a FFI with low value accounts)
- ☐ iv. It is an Owner Documented FFI
- ☐ v. Non-reporting FFI (e.g. Trustee Documented Trust)
- ☐ vi. Non-Participating FFI
- ☐ vii. Limited FFI

5. Please select FI **CRS** classification

- ☐ i. Depository Institution, Custodial Institution or Specified Insurance Company
- ☐ ii. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

**In this case please complete the table in Appendix 1 "Controlling Persons"**

- ☐ iii. Other Investment Entity

### or Part 1 (b) – Non Financial Entities – NFEs

6. If the Entity is not a Financial Institution (i.e. a Non Financial Entity, NFE), please select the Entity's status from one of the options below.

- ☐ i. Active NFE – a corporation the stock of which is regularly traded on an established securities market or a related entity of such a corporation.

If you have ticked (i), 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 (i) is a Related Entity of:

\_\_\_\_\_

- ☐ ii. Active NFE – Government Entity, Central Bank or International Organisation
- ☐ iii. Active NFE – other
- ☐ iv. Passive NFE

**In this case please complete the table in Appendix 1 "Controlling Persons"**

- ☐ v. Direct / Sponsored Direct Reporting NFFE

If the Entity is a Direct Reporting NFFE, please provide the GIIN.

If the Entity is a Sponsored Direct Reporting NFFE, please provide the name and GIIN of the Sponsoring Entity.

Entity's GIIN:

\_\_\_\_\_

Sponsor's GIIN:

\_\_\_\_\_

Sponsor's Name:

\_\_\_\_\_

- ☐ Please check this box to confirm that the sponsoring Entity has agreed with the entity identified above (that is not a participating FFI) to act as the sponsoring entity for this entity.

**Part 2 – Country of Residence for Tax Purposes and related TIN or functional equivalent**

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

*If the Account Holder is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal office is located.*

*If the Account Holder is tax resident in more than three countries please use a separate sheet.*

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

**Reason A** - The country where I am liable to pay tax does not issue TINs 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 authorities of the country of tax residence entered below do not require the TIN to be disclosed.)

7. Country of Tax Residence	8. Local Tax Identification Number (TIN)	9. TIN Type	10. 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	

☐ 11. I certify that for the purposes of taxation the Account Holder **is not Tax Resident** in any other country other than the countries indicated in Part 2 above.

**Part 3 – Declaration and Signature**

I hereby certify that for the purposes of taxation the Account Holder is not a tax resident in any country other than the country/countries indicated in Part 1B above.

I am aware that income deriving from the Account(s), as well as related transactions, may trigger a tax liability in accordance with applicable legislation and that this may be reflected in the Account Holder's tax reporting.

I confirm that all assets held by the entity with Deutsche Bank, as well as any and all income and gains related thereto, are fully declared in the relevant tax filings in compliance with governing legislation, and will also be fully declared in all future tax filings in order to ensure their accurate taxation as required by the laws of the country of tax residence.

I confirm that I have the capacity to sign for the entity identified in Part 1 of this Self-Certification Form (including the appendices, if applicable, and any attachment hereto) ("Self-Certification") in respect to all the accounts to which this Self-Certification relates.

I acknowledge and agree that the information contained in this Self-Certification and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.

I declare that all statements made in this Self-Certification are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Deutsche Bank promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide Deutsche Bank with a suitably updated Self-Certification within 30 days of such change in circumstance. Deutsche Bank also hereby remind you that the information supplied by you in this Self-Certification is provided pursuant Bank, setting out how Deutsche Bank may use and share the information supplied by you to Deutsche Bank.

☐ Please check this box to confirm that you have the capacity to sign for the entity identified in Part 1 of this form in respect to all the accounts to which form relates.

Print Name:	Signature:
Date (dd/mm/yyyy):	
Note: Please indicate the capacity in which you are signing the Self-Certification (for example 'Authorised Signatory or Officer'). If signing under a power of attorney, please also attach a certified copy of the power of attorney.	Capacity:

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*Customer Category	<input type="checkbox"/> Private Banking	<input type="checkbox"/> Business Banking	<input type="checkbox"/> Personal Banking	*Source of Lead	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
*Lead Generated By	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			*Customers Sourced By	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
*Customer Managed By	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Private Banking Team Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Customer Risk Profile	<input type="checkbox"/> Very Conservative	<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Very Aggressive	
Payroll Company/ Promo/ Campaign Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Sol ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WWIC Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Area Manager/ Service Manger	_____ <small>Signature</small>		Employee ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Imaging OC Done	_____ <small>Signature</small>					

**Aadhar Reference No.** \_\_\_\_\_

[illegible]

## SOLE PROPRIETORSHIP DECLARATION

Date: | | | | | | | | | |

I, the undersigned, \_\_\_\_\_ hereby declare that I am carrying on  
Name of Sole Proprietor  
business under the name and style of \_\_\_\_\_ as its Sole Proprietor  
Name of Sole Proprietorship  
/Proprietress and as such am solely responsible for the liability thereof. No other person or persons has  
any interest in the said proprietary concern.

I request you, Deutsche Bank, \_\_\_\_\_ Branch to open a \_\_\_\_\_  
account ("the account") for the said proprietary concern.

I also request and authorize the Bank to honor all cheques or orders which maybe drawn or bills accepted or notes made or receipts for monies owing by the Bank to the proprietary concern duly signed on behalf of the said concern in the manner as instructed in respect of operations of the Account including through channels by the Sole Proprietorship with the Bank and for all cheques, guarantees or other orders, which maybe drawn or bills accepted or notes or negotiable instruments passed on the Sole Proprietorship's behalf or receipts for money owing by you to the Sole proprietorship and to debit such cheques, guarantees, orders, bills, notes or negotiable instruments to the Sole proprietorship's Account(s) with you whether such Account or Accounts be for the time being in credit or overdrawn, or may become overdrawn of such debit without prejudice to the Bank's right to refuse to allow any overdraft and I shall be responsible for the repayment of any such overdraft and interest.

I shall advise the bank in writing of any change that may take place in the constitution of my proprietary concern and I shall be liable to the Bank on any obligations which maybe standing the concern's name on the Bank's books and until all such obligations shall have been liquidated.

I hereby confirm that I will operate the Account and avail of the products and services offered by the Bank through its website and phone banking channel and opted by me from time to time.

I hereby confirm that I have read and understood the Terms & Conditions applicable to such Account and services relating thereto and shall always be bound by and abide with them and their amendments from time to time.

(Signature of the Sole Proprietor)

*Note: The declaration is to be given on the letterhead of the Sole Proprietorship firm or signed and stamped by the Proprietor with the firm's stamp/seal . Sole Proprietorship firms are not allowed to open Demat Accounts*

## Appendix 1 Controlling Persons

Controlling Persons are defined as natural persons and exercise control over the entity or the shareholders of the entity based on local Anti-Money Laundering (AML) requirements. Where that entity is treated as a Passive Non-Financial Entity ("Passive NFE") then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons.

In the case of a Trust this 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 (including through a chain of control or ownership). In the case of a legal arrangement other than a Trust, it means persons in equivalent or similar positions.

Please continue on a separate sheet if necessary, signing, dating and attaching the sheet to this form.

If the Controlling Person(s) are U.S. citizen or resident of the U.S. for tax purposes then they should additionally complete a W-9 form.

☐ Please check this box to confirm that the Entity does not have any Controlling Person.

<b>Controlling Person</b>	First Name			Family Name / Surname			
	Address			Date of Birth and Place of Birth (City/Town, Country)			
	City / Town	State / Province	Postal Code	Country (do not abbreviate)			
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type	If no TIN is available then please provide explanation			
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type				
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type				
	<b>Controlling Person Type</b>	Legal Person	<input type="checkbox"/> Ownership	<input type="checkbox"/> Others 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"/> Others
Legal Arrangement - Others		<input type="checkbox"/> Settlor Equivalent	<input type="checkbox"/> Trustee Equivalent	<input type="checkbox"/> Protector Equivalent	<input type="checkbox"/> Beneficiary Equivalent	<input type="checkbox"/> Others Equivalent	

<b>Controlling Person</b>	First Name			Family Name / Surname			
	Address			Date of Birth and Place of Birth (City/Town, Country)			
	City / Town	State / Province	Postal Code	Country (do not abbreviate)			
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type	If no TIN is available then please provide explanation			
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type				
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type				
	<b>Controlling Person Type</b>	Legal Person	<input type="checkbox"/> Ownership	<input type="checkbox"/> Others 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"/> Others
Legal Arrangement - Others		<input type="checkbox"/> Settlor Equivalent	<input type="checkbox"/> Trustee Equivalent	<input type="checkbox"/> Protector Equivalent	<input type="checkbox"/> Beneficiary Equivalent	<input type="checkbox"/> Others Equivalent	

<b>Controlling Person</b>	First Name			Family Name / Surname			
	Address			Date of Birth and Place of Birth (City/Town, Country)			
	City / Town	State / Province	Postal Code	Country (do not abbreviate)			
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type	If no TIN is available then please provide explanation			
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type				
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type				
	<b>Controlling Person Type</b>	Legal Person	<input type="checkbox"/> Ownership	<input type="checkbox"/> Others 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"/> Others
Legal Arrangement - Others		<input type="checkbox"/> Settlor Equivalent	<input type="checkbox"/> Trustee Equivalent	<input type="checkbox"/> Protector Equivalent	<input type="checkbox"/> Beneficiary Equivalent	<input type="checkbox"/> Others Equivalent	

<b>Controlling Person</b>	First Name			Family Name / Surname			
	Address			Date of Birth and Place of Birth (City/Town, Country)			
	City / Town	State / Province	Postal Code	Country (do not abbreviate)			
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type	If no TIN is available then please provide explanation			
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type				
	Country of Tax Residence	Tax Identification Number (TIN)	TIN Type				
	<b>Controlling Person Type</b>	Legal Person	<input type="checkbox"/> Ownership	<input type="checkbox"/> Others 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"/> Others
Legal Arrangement - Others		<input type="checkbox"/> Settlor Equivalent	<input type="checkbox"/> Trustee Equivalent	<input type="checkbox"/> Protector Equivalent	<input type="checkbox"/> Beneficiary Equivalent	<input type="checkbox"/> Others Equivalent	

## Appendix 2: Due Diligence for Citizenship / Residency by Investment

### Due Diligence for Citizenship / Residency by Investment

"Citizenship by Investment" (CBI) and "Residence by Investment" (RBI) schemes are being offered by a substantial number of jurisdictions / countries and allow foreign individuals to obtain citizenship or temporary or permanent residence rights on the basis of local investments or against a flat fee.

Under Section VII of the CRS, financial institutions are required to perform additional due diligence if the individual account holder(s) or beneficial owner(s) and controlling person(s) of the entity account has sole tax residency in a CBI or RBI jurisdiction (per the OECD list<sup>1</sup>).

Full name of beneficial owner/s or controlling person/s of Entity Account:

1. Did you obtain residence rights under a CBI / RBI scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you hold residence rights in any other jurisdiction(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you spent more than 90 days in any jurisdiction(s) during the previous or current calendar year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you filed income tax returns in any other jurisdiction(s) during the previous or current calendar year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered "Yes" to any of the above questions, please list the jurisdiction(s) not already reflected in Part 2 or Appendix 1 above (as applicable).

In addition, please reflect these jurisdiction(s) as Country of Tax Residence along with Tax Identification Number (TIN) in the Part 2 or Appendix 1 (as applicable or provide a reasonable explanation why the jurisdiction(s) is not a tax residency.

### Part 4 – Declaration and Signature

I understand that the information supplied by me in this Self-Certification form (including any attachment hereto) is covered by the full provisions of the terms and conditions governing my/the Account Holder's relationship with Deutsche Bank setting out how Deutsche Bank may use and share the information supplied by me to Deutsche Bank.

I acknowledge that the information contained in this Self-Certification form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this Self-Certification are, to the best of my knowledge and belief, correct and complete. I undertake to advise Deutsche Bank promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide Deutsche Bank with a suitably updated Self-Certification within 30 days of such change in circumstances.

I certify that I am the Account Holder or authorised to sign for the individual who is the Account Holder of all the income to which this Self-Certification form relates and/or am using this Self-Certification to document myself as an individual who is the Account Holder.

Deutsche Bank also hereby remind you that the information supplied by you in this Self-Certification is provided pursuant to the full terms and conditions governing the Account and your contractual relationship with Deutsche Bank, setting out how Deutsche Bank may use and share the information supplied by you to Deutsche Bank.

If you are signing and completing Appendix 2 in relation to a Controlling Person (but not a Beneficiary), the following applies: the declaration under Part 3 of the Entity Self-Certification above shall be incorporated into Appendix 2 and made a part hereof. By signing and completing Appendix 2, I acknowledge and agree that the declaration under Part 3 of the Entity Self-Certification above are deemed to be made by me.

If you are signing and completing Appendix 2 as or on behalf of a Beneficiary, the following applies: the declaration under Part 4 of Appendix 2 above shall be incorporated into Appendix 2 and made a part hereof. By signing and completing this Appendix, I acknowledge and agree that the declaration under Part 4 of Appendix 2 above are deemed to be made by me.

Print Name:	Signature:
Date (dd/mm/yyyy):	
<b>Note:</b> When this Self-Certification is signed in relation to Controlling Person (but not as a beneficiary), please refer to the note under the signature block of Part 4 of the Entity Self-Certification above.  When this Self-Certification is signed by or on behalf of the Beneficiary and if the Beneficiary does not have the capacity to execute this Self-Certification then it may be signed by an authorised representative of the Beneficiary. In that event, please indicate the capacity in which this Certification is being signed.	Capacity:

<sup>1</sup> Jurisdictions as of Q2-2021: Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dominica, Grenada, Malta, Panama, Saint Kitts and Nevis, Saint Lucia, Seychelles, Turks and Caicos Islands, United Arab Emirates and Vanuatu. This reflects the current state of the OECD's analysis of CBI/RBI schemes as of Q2-2021, and will be updated by OECD on an ongoing basis.