

A.	Entit	ry Name					
	refer	Entity classification under FATCA and the EU Directive on Administrative Co-operation (DAC) and OECD's Common Reporting Standard (CRS) – Please refer to the OECD website for additional details on CRS and seek relevant tax advisory as needed - http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction/.					
	Please indicate the Entity's classification based on domestic legislation: (Starting from A1, check the most relevant box, and refer to the correspond footnote for the action to be taken. Move to the next box only if the prior one was not selected)						
	\square A1 - Financial Institution (Depository Institution, Custodial Institution, an Investment Entity, or a specified Insurance Company) ¹ .						
	A2 - Financial Institution – Investment Entity located in Non-Participating Jurisdiction and managed by another Financial Institution (Please fill in Section C) ¹ .						
		A3 - Active Non-Financial Entity – 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.					
		Please provide the details of the Established Securities Market					
		If it is a Related Entity of another regularly traded corporation, please provide the name of the Related Entity					
	A4 - Active Non-Financial Entity "not listed or related to another listed entity."						
	A5 - Passive Non-Financial Entity (Please fill in Section C).						
		A6 - Exempt Entity (Government Entity / International Organisation / Central Bank / Retirement Fund) ² .					
В.	Entity Tax ID Information (If not available, please refer to ** below)						
	a.	Country(ies) of Tax residency					
	b.	Tax Number(s) or equivalent					
C.	Controlling Person Information for entities under A2 or A5 above.						
	If you have confirmed the entity account holder is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution, this section must be completed.						
	Please list EACH Controlling Person of the Entity, confirming ALL countries of tax residence and Tax Identification Numbers (TINs) for EACH Controlling Person. Please list the additional Controlling Persons below.						

First and Last Name	Type of Controlling Person*	Current Residence Address (including country and post code) AND Mailing address (if different from residence address)	Date of Birth AND Place of Birth (Town or City and Country)	Country(ies) of Tax Residence (and citizenship, if US)	TINs / Functional Equivalent OR If TIN unavailable, please specify a reason**

Controlling Persons shall be an entity. Controlling Person which is determined at 10% to exercise 10% or more of term means the settlor, the or class of beneficiaries, and exercising ultimate effective otherwise cannot be establimean persons who are genemanagement.	ocan be identified by the the or more of the shares or end he voting power. In the cas trustees, the protector (if a lany other natural person, control over the trust. If co shed, Controlling Persons s	nreshold of ownership, nabling the person e of a trust, such any), the beneficiaries irrespective of title, ontrol by ownership or shall be interpreted to	** If a Tax Identification Number (TIN) is unavailable, please enter A, B or C in the table above, with a written explanation for reason B. Reason A: The country where the Controlling Person is liable to pay tax does not issue TINs to its residents. Reason B: The Controlling Person is otherwise unable to obtain a TIN or equivalent number. Please explain why in the table above. Reason C: No TIN is required. Please only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.								
D. Is the company or its parent not registered in the USA, but does one of the owners having 10% or more ownership have US indicia (U.S. Citizen / U.S. Green Card / U.S. Resident / U.S. Mailing or Permanent Address / Tax Resident in the U.S. / U.S. phone number / POA with U.S. address / Standing instructions to transfer funds to an account in the U.S)? Yes***											
Declaration											
I declare that the information onboarding process for tax of knowledge and belief, accura I acknowledge that the share provided to the Bahrain Comtax authorities of other countries.	elated matters and otherwi te and complete. ed information regarding th petent Authority and may l	ise, is to the best of my e account may be	I undertake to advise Bank ABC Islamic promptly of any change in circumstance which causes the information provided to become incorrect or incomplete with an undertaking to Bank ABC Islamic to provide the updated information promptly and no later than 30 days of such a change in circumstance.								
Signature			Print Name								
			Capacity*:	Date							
*Please indicate the capacity in which you are signing the form (e.g. Director, Authorised Signatory). If signing under a power of attorney, please also attach a certified copy of the power of attorney. **** If yes, please provide W-8BEN-E for the entity and W-9 for each owner having 10% or more ownership with US indicia. 1. Please provide the applicable IRS form (W-8BEN-E). 2. Please provide W-8EXP											