

FATCA DECLARATION FORM (FOR CORPORATE ACCOUNT HOLDERS)

Note: The information in this section is collected in order to comply with Foreign Account Tax Compliance Act (FATCA) requirements which require PMB Investment to identify and report on U.S. persons.

1.	Name of Entity								
2. Country of Incorporation/Registration					Malaysia Unito			ed States Others	
ovide	NEFICIAL OWNER (To be comp	e benefic	ial owne	r throug	h one or i			gs of more t	than 10% of the com
ved (capital. Please tick ("√") the most U.S Indicia Status	1 ST beneficial Owner		relevant to you wh 2 nd Beneficial Owner		3 rd Beneficial Owner		Document required if Yes	
		Yes	No	Yes	No	Yes	No		
1	Are you a U.S citizen or resident (including green card holder)?							(a) FormW-9 and (b) Copy of US Passport	
2.	Is U.S your country of birth?							(a) Form W-8BEN and (b) Copy of MyKad/Malaysian Passport/ Loss Nationality Certificate	
3.	Do you hold a current U.S. residence address or mailing address (including a U.S. post office box)?							(b) MyKa Passi	W-8BEN and ad/Malaysian port/ Certificate of dence
4.	Do you have a current U.S. telephone number?								
5.	Do you currently maintain any standing instructions to the U.S.?							(a) Form W-8 BEN and (b) Copy of My Kad/Passp	
6.	Do you currently assign power of attorney or signatory authority to a person within the U.S.?								
7.	Do you currently have a 'hold mail' or 'in care of' address located in the U.S. as your sole address								

Note:

(i) With respect to any non U.S. corporation, any specified U.S. person that owns, directly or indirectly, more than 10 percent of the stock of such corporation vote or value.

2. I/We hereby certify that the entity identified above will provide the name, address, and Taxpayer Identification Numbers (TIN) of each

- (ii) With respect to any non U.S. partnership, any specified U.S. person that owns, directly or indirectly, more than 10 percent of the profits interests or capital interest in such partnership; and
- (iii) In the case of a trust:
 - (a) Any specified U.S. person treated as an owner of any portion of the trust under sections 671 through 679; and

substantial U.S. Owners of the entity as listed in Section C.

(b) Any specified U.S. person that holds, directly or indirectly, more than 1 percent of the beneficial interests of the trust.

. DECLARATION AND ACKNOWLEDGEMENT								
Please tick ("v") one of the following:								
			W.G. 11.1	П v vav тв.				
U.S. Legal Entity Non-U.S. Legal Entity with				Non-U.S. Legal Entit	y with no U.S. indicia			
•	To provide Form W-9 To provide Form W-8BEN							
	present and declare that the te; and the submitted docum		ove and information in the submitted documents is true, accurate and executed.					
			our information to regulatory authorities in accordance with the laws, regulations, agreement or regulatory guidelines or directives.					
	. I/We hereby consent that PMB Investment may withhold from my/our account(s) such amounts in accordance with requirements of FATCA as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.							
institut	ion ("NPFFI") and/or suspen	d, recall or terminate my/c	our account(s) a	s a recalcitrant account holder or non-participating foreign financial ur account(s) and/or facilities granted to me/us, in the event I/we fail tation as PMB Investment may require.				
•	so agree and undertake to no ovided to PMB Investment.	otify PMB Investment in wr	iting within 90 d	ing within 90 days, if there is a change in any information which I/we				
with th	6. I/We also agree and undertake to provide any information requested by PMB Investment in writing within 90 days in accorda with the requirements of FATCA as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines							
7. I/We he	directives.I/We hereby consent that PMB Investment may terminate my/our account(s) and/or facilities granted to me/us, in the event I/we become U.S. person.							
Authorised Sign	natory 1		Authorised Signatory 2					
Full Name:			Full Name:					
Designation:		Date:	Designation:		Date:			
Signature:			Signature:					
Authorised Sign	Authorised Signatory 3			Authorised Signatory 4				
Full Name:			Full Name:					
Designation:		Date:	Designation:		Date:			
Signature:			Signature:					
Authorised Sign	natory 5		Authorised Sign	natory 6				
Full Name:			Full Name:					
Designation:		Date:	Designation:		Date:			
Signature:			Signature:					

D. ASSESSMENT FOR FATCA STATUS									
FOR OFFICE USE ONLY									
Complete the following to determine the FATCA Status of the Entity:									
En	Entity Name :								
Sta	Status: Non U.S Person U.S Person Recalcitrant								
E	E. VERIFICATION								
			Employee	Date	Signature	1			
		Name	ID						
	Checked by								
	Verified by								