



Customer ID (For Official Use Only) _____

CRS TAX RESIDENCY SELF-CERTIFICATION FORM FOR ENTITY

Please complete this form if account holder is entity i.e. legal person or a legal arrangement, such as a company, corporation, organization, partnership, trust, foundation, NGO, NPO, etc.

Legal Name of Entity	Country of Incorporation or Organization

PART 1

PART 1	ENTITY TYPE
Please tick ONE box only in this part.	
1.1	Financial Institution
A	Depository Institution, Custodial Institution or Specified Insurance Company (e.g. Bank, Life Insurance Co., etc.)
B	An Investment Entity (Investment Co, Mutual Fund, Asset Management Co, Brokerage House, etc.)
If you have ticked box A or B, please proceed to Part 4	
1.2	Active Non-Financial Entity – Active NFE
A	Active NFE – A company/corporation whose shares are regularly traded on one or more established securities markets
B	Active NFE – Related entity of a company/corporation whose shares are regularly traded on one or more established securities markets
C	Active NFE – A Government Entity, an International Organization (e.g. United Nations or NATO) or a Central Bank. If you have ticked box A, B or C, please proceed to Part 4
D	Active NFE – The entity is an Active NFE other than above (for example a non-profit NFE, NGO, Trust or a Manufacturing/Trading/Service entity which derives more than 50% of gross income and assets from active income, like sales of goods and/or services). If you have ticked box D, please proceed to Part 2
1.3	Passive Non-Financial Entity – Passive NFE
A	Passive NFE (i.e. more than 50% of its gross income from Passive Income, for instance: Interest, dividend, return on investments)
B	An Investment Entity incorporated/located in a Non-CRS Participating Jurisdiction and managed by another Financial Institution
If you have ticked box A or B in section 1.3, please provide the name of all Controlling Persons of the entity, proceed to Part 2 and also complete “CRS Tax Residency Self Certification Form for Controlling Persons”.) Name _____ of _____ Controlling Person(s) _____	



PART 2

CRS – DECLARATION OF TAX RESIDENCY

Is Entity tax resident of Pakistan or/and USA ONLY.

Yes (Proceed to Part 4) No (Proceed to Part 3)

PART 3

COUNTRY OF RESIDENCE FOR TAX PURPOSE

	Country(ies) of Tax Residence	TIN or Equivalent	Tick one if TIN not available		
			Reason A	Reason B	Reason C
1					
2					
3					

If reason B is selected, please explain in the following boxes why you are unable to obtain a TIN or functional equivalent	
1	
2	
3	

If Tax Identification Number (TIN) is not available, please tick the appropriate box with reason A, B or C as defined below and provide Supporting Evidence:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please provide reasons if this is selected)

Reason C - No TIN is required. (Note: Only select this reason, along-with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)



OLP
PART 4

OLP Financial Services Pakistan Limited
(Formerly ORIX Leasing Pakistan Limited)

DECLARATION AND SIGNATURE

We/I understand that the information supplied by us/me is covered by the full provisions of the terms and conditions governing the Deposit Holder’s relationship with OLP Financial Services Pakistan Limited (Formerly ORIX Leasing Pakistan Limited) setting out how OLP Financial Services Pakistan Limited (Formerly ORIX Leasing Pakistan Limited) may use and share the information supplied by us/me. We/I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

We/I declare that all statements made in this declaration are, to the best of our/my knowledge and belief, correct and complete. We/I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect.

Company Secretary/Authorized Signatories

Name: _____ **Signature:** _____

Name: _____ **Signature:** _____

Date: _____