Foreign Account Tax Compliance Act ("**FATCA**") and the Common Reporting Standard ("**CRS**") Tax Self-certification and Declaration Form - Entity

Confidential

Please note: This form and relevant sections need to be completed by all entities constituting clients of Absa Group Limited ("**AGL**") group of companies.

What is the purpose of this form?

According to the FATCA and the CRS, Absa Bank as a financial institution has an obligation to collect Tax Self-certification from each client at onboarding. Every Absa Bank client needs to complete a Tax Self-certification form to attest to their tax residency or multiple tax residencies, to determine where to report the information of reportable persons with a reportable account as per FATCA/CRS with the relevant tax authorities. If your entity is a resident of the United States ("**US**") or has dual residency, you must also submit a completed, signed and dated IRS Form W-9. If you are acting as an agent, nominee or conduit for another's account, you should complete W8-IMY Form and submit it along with the appropriate self-certification(s).

Please note: If you have any questions about how to complete this form, please contact your tax adviser or local tax authority.

*All mandatory fields are indicated with an asterisk.

Part 1: Entity's details

*All details in Part I relate to the Entity.

*Full name of entity or organisation	
*Company registration number	
*Country of incorporation	
*Registered physical address	
*Postal address	
	*Postal code

Part 2: Tax residency

*I hereby certify that the entity or organisation identified above is a resident of:

	*Country of tax residence and/or tax registration	*Tax Identification Number ("TIN")
1		fsdfsdfdsgdsfgdsdf
2		

Please note that it is mandatory to supply a TIN or functional equivalent if the country in which you are a tax resident issues such identifiers. If no TIN is available or has not yet been issued, please provide an explanation for this by ticking (✓) the applicable reason.

☐ **Reason A:** A TIN is not issued by the relevant jurisdiction.

☐ **Reason B:** The domestic law does not require the collection of a TIN.

☐ **Reason C:** I am otherwise unable to obtain a TIN or a functional equivalent number. Please explain why you are unable to obtain a TIN if you have selected this reason.

Part 3: Entity type

***Section A – For a Financial Institution ("FI") to complete**

Financial Institution type	
Financial Institution classification	
Please provide your organisation's or entity's Global Intermediary Identification Number ("**GIIN**")	
If unable to provide a GIIN, please select the reason why your organisation does not have a GIIN	ii) It is a Financial Institution that intends to app
Please state other reason for no GIIN	

Absa Bank Limited Reg No 1986/004794/06
Authorised Financial Services Provider Registered Credit Provider Reg No NCRCP7
Absa 6279 EX (Digital) (22/09/2025)

Sponsoring Entity's/Trustee's details (For a Trustee Documented Trust)

Sponsor's/Trustee's name	
Sponsor's/Trustee GIIN	

If you are unable to provide a GIIN, please tick (✓) the reason why your organisation does not have a GIIN:

i) It is a Participating FI in an Intergovernmental Agreement ("**IGA**") Partner Jurisdiction and has not yet obtained a GIIN. ☐

ii) It is a FI that intends to apply for a GIIN, but has not yet applied/has not yet received it. ☐

iii) It is an Exempt Beneficial Owner (i.e. an international organisation). ☐

iv) It is a Certified Deemed Compliant FI (i.e. a registered charity). ☐

v) It is an Owner Document FI. ☐

vi) It is a Non-participating Foreign FI. ☐

vii) Other (please state below). ☐

***Section B – For a Non-Financial Institution ("NFI") to complete**

*Please confirm your organisation's status below:

Active NFE	
Passive NFE	
Direct reporting NFE	

If you are a direct reporting NFFE, please provide your GIIN or the GIIN of your sponsoring entity and the name of the sponsoring entity:

Name of sponsoring entity	
Sponsor's/Trustee's GIIN	

☐ Please tick (✓) this box to confirm that the sponsoring entity has agreed with the entity identified above (that is not a non-participating FFI) to act as the sponsoring entity for this entity:

For Passive NFFEs, please complete either individual forms for each controlling person or complete the table below.

Controlling Persons are defined as natural persons who exercise control over the entity or the shareholders of the entity based on local Anti-money Laundering ("**AML**") requirements.

Classification status of Controlling Persons:

1	Controlling Person of a legal person – Control by ownership	2	Controlling Person of a legal person – Control by other mean	3	Controlling Person of a legal person – Senior managing official	4	Controlling Person of a trust – Settlor
5	Controlling Person of a trust – Trustee	6	Controlling Person of a trust – Protector	7	Controlling Person of a trust – Beneficiary	8	Controlling Person of a trust – Other
9	Controlling Person of a legal arrangement (non-trust) – Settlor-equivalent	10	Controlling Person of a legal arrangement (non-trust) – Trustee-equivalent	11	Controlling Person of a legal arrangement (non-trust) – Protector-equivalent	12	Controlling Person of a legal arrangement (non-trust) – Beneficiary-equivalent

All Controlling Person(s) (Accountholders and non-Accountholders) with Absa Bank Limited they are required to provide the name, address, tax address, TIN, place of birth and date of birth.

*Full name(s)	*Address	*Tax residence	*TINs (Provide all)	*Controlling Person status [Please tick (✓) the box with the suitable classification status]	If no TIN available, enter Reason A, B or C (Find reasons under Part II: Tax Residency Form)	*Place of birth (City/Town and Country)	*Date of birth (dd/mm/ccyy)
				1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐	A ☐ B ☐ C ☐		
				1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐	A ☐ B ☐ C ☐		
				1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐	A ☐ B ☐ C ☐		
				1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐	A ☐ B ☐ C ☐		

Part 4: Authorisation, certifications, declaration and signature

1 I authorise the recipient to provide, directly or indirectly, a copy of this form:
   a) to any relevant tax authorities or any party mandated to audit or conduct a similar control of the recipient for tax purposes and to disclose to such tax authorities or such party any additional information that the recipient may have in its possession that is relevant to the entity's qualification for any benefits claimed on the basis of this form; and
   b) information relating to the account(s) set out above, as required by law, to: i) any person that has control, receipt or custody of income to which this form relates; ii) any person that can disburse or make payments of income to which this form relates; or iii) any party authorised to audit or conduct a similar control of aforementioned persons for tax purposes.

2 I acknowledge and agree that information contained in this form and information regarding income paid or credited to or for the benefit of the account(s) set out above, may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information to the country or countries in which the entity is resident for tax purposes.

3 I agree that the information contained in this form and information (including information mentioned above) may be shared between AGL entities to the extent required for tax reporting purposes.

4 I certify that the entity named is the Beneficial Owner of all the income to which this form relates.

5 I undertake to notify the recipient of any change in circumstances that causes any certification on this form to become incorrect and to provide a suitably updated form within 30 (thirty) days of such change.

6 I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete.

7 I certify that I have the capacity to sign for the entity identified in Part I of this form.

8 Absa may request a W-8 or W-9 form from the client should it be deemed necessary, as required by the FATCA per the IGA between the government of the US and the government of other countries.

9 The responsibility is with you the client to immediately inform Absa should there be a change in the information provided in this Tax Self-certification, as the change in the information will result in this Tax Self-certification being invalid requiring an updated valid Tax Self-certification.

10 Please note that Absa cannot onboard a client unless a valid Tax Self-certification has been completed and provided.

Privacy and security of clients' personal data

AGL, including all of its subsidiaries, having its head office at 15 Troye Street, Johannesburg, South Africa, is committed to maintaining the privacy and security of clients' personal data collected by us, whether in hard copy or electronic form.

Personal data is defined as information that allows us to identify you as a natural person or, where applicable, as a corporate entity (such as a company or trust). AGL is collecting this data to assess your application and, if successful, provide you with the required products and/or services.

Unless otherwise specified, you need to provide all of the personal data requested on this form. If you do not provide us with the required information, we will have to suspend your access to the product and/or service for a period of time or even terminate our relationship with you as a client.

We may carry out further processing on your personal data for historical, research and statistical purposes or to comply with our legal obligations. We will not engage you in any electronic direct marketing (excluding telemarketing), unless you have given us the relevant consent.

We may also use your personal data for carrying out automated decisions that may impact you. If you are unhappy about the outcome of the decision, please contact your local client service centre.

I certify that I have accessed form Absa 7791 EX and read the definitions.

If you sign this on behalf of the accountholder: By your signature below: i) you certify that you are authorised to sign this form on behalf of the accountholder; and ii) undertake to notify the entity of the completion of this form and that the entity's details may be reported to the tax authorities of the country in which they are resident for tax purposes.

Print name	
Capacity	

Signature

Date (dd/mm/ccyy) | | | | | | | | |