

For Entity / Juristic Person		Account No.	
Name of Organization/Entity of Applicant:			
For financial institutions under the definition of FATCA that have a GIIN		Country of Incorporation /Registration or Organization:	
Client GIIN:		Entity Registration Number:	
Sponsored Entity If the client is Sponsored Entity, please provide the name and GIIN of Sponsoring Entity		Thai Tax ID:	
Name on Sponsoring Entity:		Foreign Tax Identification Number(s) (please outline all if any)	
GIIN of Sponsoring Entity:		ID:	Country:
		ID:	Country:
Part 1 Status of Applicant			
Please check the appropriate boxes corresponding to your status /			
US Person status			
If you check 'Yes', please complete Form W-9. If you check 'No', please complete the next section.			
1	Is the customer a U.S. entity (an entity that has registered or has been incorporated in the U.S.)?	☐ Yes	☐ No
Foreign Financial Institution / Passive Non-Financial Foreign Entity (Passive NFFE)			
If you check 'Yes' in any one box, please complete Form W-8BEN-E.			
2	Is the client a financial institution under the definition of FATCA?	☐ Yes	☐ No
3	Is the client a Passive NFFE , i.e, an entity who either, has earned passive income (income from holding financial Securities and deposits, and etc. Please see the definition in "Glossary of key terms") equal to or more than 50% of total gross income, or held asset that generate passive income equal to or more than 50% of total asset, in the preceding fiscal calendar year ? You should answer 'No' if you are an entity that falls within the definitions provided in items 3.1-3.2 below. 3.1 An Exempt Beneficial Owner under FATCA, e.g., Governmental Entity, International Organization or Central Bank. 3.2 An entity that is Excepted Non-Financial Foreign Entity under FATCA e.g., a publicly traded entity and its affiliates, a non-profit organization, association, foundation, or an entity that is a non-financial start-up company that has been organized less than 24 months	☐ Yes	☐ No
Part 2 Confirmation and Change of Status			
1. The Client confirms that the information provided by the client in this form is true, correct, accurate and complete.			
2. The Client acknowledges and agrees that if the client is a U.S. person but the information provided on this form or Form W-9/W-8BEN-E is false, incorrect, or incomplete, CGS-CIMB Financial Group* shall be entitled to terminate, at its sole discretion, the entire or part of banking/business relationship with the client or part of such relationship as CGS-CIMB Financial Group may deem appropriate.			
3. The Client agree to notify and provide relevant documents to CGS-CIMB Financial Group within 30 days after any change in circumstances that causes the information provided in this form to be incorrect, or after the date that CGS-CIMB Financial Group has requested for additional document/ information/ consent.			
4. The Client acknowledge and agrees that failure to comply with item 3 above, or provision of any false, incorrect or incomplete information as to the client's status, shall entitle CGS-CIMB Financial Group to terminate, at its sole discretion, the entire banking/business relationship with the client or part of such relationship as CGS-CIMB Financial Group may deem appropriate.			
* "CGS-CIMB Financial Group" shall include CGI Affiliates (China Galaxy International Financial Holdings Limited) and CIMB Group Sdn Bhd Affiliates			
Part 3 Authorization for information disclosure and account withholding			
You hereby irrevocably authorize CGS-CIMB Financial Group to;			
1. disclose to the companies under CGS-CIMB Financial Group (for the benefit of FATCA compliance), domestic and/or foreign tax authorities, including the U.S. Internal Revenue Service (IRS), your name, address, taxpayer identification number, account number, FATCA compliance status (compliant or recalcitrant), account balance or value, the payments made into or from the account, account statements, the amount of money, the type and value of financial products and/or other assets held with CGS-CIMB Financial Group, as well as the amount of revenue and income and any other information regarding the banking/business relationship which may be requested or required by the companies under CGS-CIMB Financial Group, domestic and/or foreign tax authorities, including the IRS; and			
2. withhold from your account and/or the income derived from or through CGS-CIMB Financial Group in the amount as required by the domestic and/or foreign tax authorities,including the IRS, pursuant to the laws and/or regulations, and any agreements between CGS-CIMB Financial Group and such tax authorities.			
3. If you fail to provide the information required to determine whether you are a U.S. person, or to provide the information required to be reported to CGS-CIMB Financial Group, or if you fail to provide a waiver of a law that would prevent reporting, CGS-CIMB Financial Group shall be entitled to terminate, at its sole discretion, the entire banking/business relationship with you or part of such relationship as CGS-CIMB Financial Group may deem appropriate.			

This letter is given to **CGS-CIMB Securities (Thailand) Co., Ltd.**, by signing in the space below, I hereby acknowledge and agree to the terms and conditions specified herein, which include permitting the disclosure of information, account withholding and termination of banking/business relationship.

Given on.....

Seal of Juristic person


Signed **Applicant**
 (.....)