

Foreign Account Tax Compliance Act (FATCA) Declaration Form
 (Account Opening Form Supplement)

This form must be completed by each Individual concerned with opening of an Account with AB Bank Limited

Please fill in BLOCK LETTERS

| | | | | | |
|--|--|-----|----|--------------------------|--------------------------|
| Name : | | | | | |
| Country of Residence : | | | | | |
| Country of Birth : | | | | | |
| Please Tick "√" Yes or No for each of the following : | | | | | |
| 1. Are you a U.S. Resident? | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td align="center" style="width: 50px;">Yes</td> <td align="center" style="width: 50px;">No</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 2. Are you a U.S. Citizen? | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td align="center" style="width: 50px;">Yes</td> <td align="center" style="width: 50px;">No</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 3. Do you hold a U.S. Permanent Resident Card (Green Card) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td align="center" style="width: 50px;">Yes</td> <td align="center" style="width: 50px;">No</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |

I hereby confirm that the Information provided above is true, accurate and complete.

I hereby consent for AB Bank Limited or any of its affiliates (including branches) (Collectively the Bank) to share my Information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify the Bank within 30 (thirty) calendar days if there is a change in any Information which I have provided to the Bank.

| |
|-------------------|
| Name : |
| Signature : |
| Date : |

Initial of Assigned Officer

Initial of BOM/BRM