

## Account Opening Form

**Important note:**

To help prevent money laundering and terrorist financing, the laws of many jurisdictions, as well as Citi policy, require Citi to obtain, verify, and record information that identifies each business entity that opens an account or establishes a relationship.

What this means for you:

When you open an account, we will ask for your business name, registered business address, tax identification number or other government issued identification number (as applicable) and other information that may allow us to identify your business. We may also ask you for identification information for any beneficial owners or Controlling Persons<sup>1</sup>.

We appreciate your cooperation.

1. Account Type	
<p><b>Singapore Dollar Account</b></p> <input type="checkbox"/> Checking Account <input type="checkbox"/> CitiBusiness High Yield Current Account <input type="checkbox"/> Time Deposit	<p><b>US Dollar Account</b></p> <input type="checkbox"/> Checking Account <input type="checkbox"/> CitiAccess Account <input type="checkbox"/> CitiBusiness High Yield Current Account
	<p><b>Foreign Currency Account</b></p> <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> HKD <input type="checkbox"/> JPY <input type="checkbox"/> NZD
	<p><b>Time Deposit Account</b></p> <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> HKD <input type="checkbox"/> JPY <input type="checkbox"/> NZD
<p><b>Deposit Insurance Scheme</b>                  Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$75,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.</p>	
2. Applicant Information	
<b>Applicant Name</b>	<b>Doing Business As</b> (only if it differs from Applicant Name)
<input type="checkbox"/> Please refer to our particulars contained in the attached ACRA/Constitutional Documents <b>OR</b> <input type="checkbox"/> Please refer to our particulars below	
<b>Business Registration Number</b>	<b>Country of Incorporation/Formation</b> <input type="checkbox"/> Singapore <input type="checkbox"/> Others: _____
<p><b>Registered Address:</b>  <input type="checkbox"/> As per registered address on ACRA/Constitutional Documents, <b>OR</b>  <input type="checkbox"/> Please refer to our particulars below</p>	
<b>Postal Code:</b>	
<p><b>Date of Incorporation/Formation</b></p> ____ / ____ / ____ DD    MM    YYYY	<p><b>Applicant is a:</b></p> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Non-Profit Organisation <input type="checkbox"/> International Business Corporation <input type="checkbox"/> Registered Shareholders <input type="checkbox"/> Bearer Shareholders <input type="checkbox"/> Others, please specify: _____
<b>Issued Capital</b> ▶ <i>If applicable</i>	<b>Paid Up Capital</b> ▶ <i>If applicable</i>
<p><b>Mailing Address</b>  <input type="checkbox"/> As per registered address on ACRA/Constitutional Documents, <b>OR</b>  <input type="checkbox"/> Please refer to our particulars below</p>	
<b>Postal Code:</b>	
<b>GST Number</b> ▶ <i>If applicable</i>	<b>GST Registration Date</b> ▶ <i>If applicable</i>

<sup>1</sup>"Controlling Persons" refer to the natural persons who exercise control over the Applicant. A person could have actual control or effective control:

(a) Actual control - control arising from formal mandate of authority over the account and its assets e.g. authorised signer; and

(b) Effective control - control derived from the natural person's role with respect to the account or the Applicant (e.g. CEO, CFO, executive officer, management), or from ownership interests of at least 10% in the Applicant whether directly or indirectly, or who exercises effective control through influence and other indirect means.

3. Business Description			
<b>Business Nature:</b> <i>(please select most relevant)</i>			
<input type="checkbox"/> Wholesale Trader/Distributor	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services	<input type="checkbox"/> Construction/Builder
<input type="checkbox"/> Retailer/Distributor	<input type="checkbox"/> Investment Holding	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Others, please specify: _____
<b>Industry</b>			
<input type="checkbox"/> As per ACRA/Constitutional Documents <i>(if different from ACRA/Constitutional Documents or you may tick more than 1 box if business operates in multiple industries)</i>			
<input type="checkbox"/> Agricultural Products & Livestock	<input type="checkbox"/> Education	<input type="checkbox"/> Media & Advertising	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Automotive	<input type="checkbox"/> Electrical & Electronics	<input type="checkbox"/> Metals & Mining	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Aviation	<input type="checkbox"/> Energy & Power	<input type="checkbox"/> Other Financial Institutions (Money changer/lender)	<input type="checkbox"/> Shipping
<input type="checkbox"/> Banks/Brokers-Dealers	<input type="checkbox"/> Entertainment e.g. Nightclub	<input type="checkbox"/> Technology	<input type="checkbox"/> Telecom
<input type="checkbox"/> Building Products & Related	<input type="checkbox"/> Food & Beverages	<input type="checkbox"/> Paper, Forest Products & Packaging	<input type="checkbox"/> Transportation & Logistics
<input type="checkbox"/> Chemicals	<input type="checkbox"/> General Trader	<input type="checkbox"/> Tourism & Hospitality	<input type="checkbox"/> Others, please specify: _____
<input type="checkbox"/> Commodities	<input type="checkbox"/> Hardware	<input type="checkbox"/> Pharmaceuticals	
<input type="checkbox"/> Construction & Engineering	<input type="checkbox"/> Healthcare (TCM)	<input type="checkbox"/> Professional Services (e.g. Consultancy, Audit, Lawyers)	
<input type="checkbox"/> Consumer Services (e.g. Massage, Spa, Beautician)	<input type="checkbox"/> Hedge Funds & Funds	<i>Please specify service provided:</i> _____	
<i>Please specify service provided:</i> _____	<input type="checkbox"/> Household Goods	<i>Please specify service provided:</i> _____	
<b>Location of Business Activity(ies):</b>			
<input type="checkbox"/> Singapore	<input type="checkbox"/> Malaysia	<input type="checkbox"/> China	<input type="checkbox"/> India
<input type="checkbox"/> Europe	<input type="checkbox"/> USA	<input type="checkbox"/> Others: _____	
<b>Business Operations Address</b>			
<input type="checkbox"/> As per registered address on ACRA/Constitutional Documents, <b>OR</b>			
<input type="checkbox"/> As per mailing address, <b>OR</b>			
<input type="checkbox"/> Please refer to our particulars below			
<b>Postal Code</b>			
4. Primary Contact Person <sup>2</sup>			
<b>Name</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		<b>Designation</b>	
<b>Telephone</b>	<b>Fax</b>	<b>Mobile</b>	
<b>Email 1 (mandatory)</b>		<b>Email 2</b>	

<sup>2</sup>The bank shall be entitled to send communications in relation to the accounts to the person indicated as Primary Contact Person at either or both of the email addresses provided.

**5(A). Section to be completed by the Applicant's Controlling Persons (applicable for natural persons only):**

- (i) Shareholder(s) holding at least 10% interest (direct or indirect);
- (ii) Director(s);
- (iii) Executive Officers/Management including its Chairman, President, CEO, Secretary, Treasurer, CFO;
- (iv) Authorised signers; and
- (v) Others.

Note: if required, please use additional pages of Section 5(A).

**Controlling Person 1**

**Role in Applicant** ▶ Tick all that applies

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Sole Proprietor</b><br>▶ Personal information to be declared under FATCA Declaration Form   | <input type="checkbox"/> <b>Partner</b><br>▶ Personal information to be declared under FATCA Declaration Form |
| <input type="checkbox"/> <b>Authorised Signer</b>   | <input type="checkbox"/> <b>Shareholder with ≥ 10% shareholdings</b><br>State % of Ownership: _____ %         |
| <input type="checkbox"/> <b>Director</b>  | <input type="checkbox"/> <b>Donor with ≥ 10% contribution</b>   |
| <input type="checkbox"/> <b>Executive Officers/Management:</b><br><input type="checkbox"/> Chairman <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> CFO<br><input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary | <input type="checkbox"/> <b>Founder</b>   |
| <input type="checkbox"/> <b>Others</b> , please specify: _____  |   |

▶ if applicable

If the natural person holds ≥ 50% ownership, please provide the following:

Total Net Worth:	Liquid Net Worth:
Total Annual Income:	Source of Wealth:

**Title**  Mr     Mrs     Ms     Mdm     Dr

**Surname/Family name** (as in official identity document)

**Given name (including Alias/other Name)** (as in official identity document)

Date of Birth	NRIC/Passport No.	Passport Expiry date	Nationality	Country of Residence
____ / ____ / ____ DD    MM    YYYY		____ / ____ / ____ DD    MM    YYYY		

**Controlling Person 2**

**Role in Applicant** ▶ Tick all that applies

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Sole Proprietor</b><br>▶ Personal information to be declared under FATCA Declaration Form   | <input type="checkbox"/> <b>Partner</b><br>▶ Personal information to be declared under FATCA Declaration Form |
| <input type="checkbox"/> <b>Authorised Signer</b>   | <input type="checkbox"/> <b>Shareholder with ≥ 10% shareholdings</b><br>State % of Ownership: _____ %         |
| <input type="checkbox"/> <b>Director</b>  | <input type="checkbox"/> <b>Donor with ≥ 10% contribution</b>   |
| <input type="checkbox"/> <b>Executive Officers/Management:</b><br><input type="checkbox"/> Chairman <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> CFO<br><input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary | <input type="checkbox"/> <b>Founder</b>   |
| <input type="checkbox"/> <b>Others</b> , please specify: _____  |   |

▶ if applicable

If the natural person holds ≥ 50% ownership, please provide the following:

Total Net Worth:	Liquid Net Worth:
Total Annual Income:	Source of Wealth:

**Title**  Mr     Mrs     Ms     Mdm     Dr

**Surname/Family name** (as in official identity document)

**Given name (including Alias/other Name)** (as in official identity document)

Date of Birth	NRIC/Passport No.	Passport Expiry date	Nationality	Country of Residence
____ / ____ / ____ DD    MM    YYYY		____ / ____ / ____ DD    MM    YYYY		

**Controlling Person 3**

**Role in Applicant** ▶ *Tick all that applies*

**Sole Proprietor**  
▶ *Personal information to be declared under FATCA Declaration Form*

**Partner**  
▶ *Personal information to be declared under FATCA Declaration Form*

**Authorised Signer**

**Shareholder with ≥ 10% shareholdings**  
State % of Ownership: \_\_\_\_\_ %

**Director**

**Donor with ≥ 10% contribution**

**Executive Officers/Management:**  
 Chairman    CEO    President    CFO  
 Treasurer    Secretary

**Founder**

**Others**, please specify: \_\_\_\_\_

▶ *if applicable*  
If the natural person holds ≥ 50% ownership, please provide the following:

Total Net Worth: \_\_\_\_\_      Liquid Net Worth: \_\_\_\_\_  
Total Annual Income: \_\_\_\_\_      Source of Wealth: \_\_\_\_\_

**Title**  Mr    Mrs    Ms    Mdm    Dr

**Surname/Family name** *(as in official identity document)*

**Given name (including Alias/other Name)** *(as in official identity document)*

Date of Birth	NRIC/Passport No.	Passport Expiry date	Nationality	Country of Residence
____ / ____ / ____ DD   MM   YYYY		____ / ____ / ____ DD   MM   YYYY		

**Controlling Person 4**

**Role in Applicant** ▶ *Tick all that applies*

**Sole Proprietor**  
▶ *Personal information to be declared under FATCA Declaration Form*

**Partner**  
▶ *Personal information to be declared under FATCA Declaration Form*

**Authorised Signer**

**Shareholder with ≥ 10% shareholdings**  
State % of Ownership: \_\_\_\_\_ %

**Director**

**Donor with ≥ 10% contribution**

**Executive Officers/Management:**  
 Chairman    CEO    President    CFO  
 Treasurer    Secretary

**Founder**

**Others**, please specify: \_\_\_\_\_

▶ *if applicable*  
If the natural person holds ≥ 50% ownership, please provide the following:

Total Net Worth: \_\_\_\_\_      Liquid Net Worth: \_\_\_\_\_  
Total Annual Income: \_\_\_\_\_      Source of Wealth: \_\_\_\_\_

**Title**  Mr    Mrs    Ms    Mdm    Dr

**Surname/Family name** *(as in official identity document)*

**Given name (including Alias/other Name)** *(as in official identity document)*

Date of Birth	NRIC/Passport No.	Passport Expiry date	Nationality	Country of Residence
____ / ____ / ____ DD   MM   YYYY		____ / ____ / ____ DD   MM   YYYY		

**5(B). Section to be completed by the Applicant's Controlling Persons (applicable for non-natural persons only):**

- (i) Shareholder(s) holding at least 10% interest (direct or indirect)<sup>3</sup>;
- (ii) Director(s);
- (iii) Executive Officers/Management including its Chairman, President, CEO, Secretary, Treasurer, CFO;
- (iv) Authorised signers; and
- (v) Others.

Note: if required, please use additional pages of Section 5(B).

**Controlling Person 1**

**Role in Applicant** ▶ Tick all that applies

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietor   | <input type="checkbox"/> Partner   |
| <input type="checkbox"/> Authorised Signatory as per articles of organisation or corporate resolution  | <input type="checkbox"/> Shareholder with ≥ 10% shareholdings<br>State % of Ownership: _____ % |
| <input type="checkbox"/> Director  | <input type="checkbox"/> Donor with ≥ 10% contribution   |
| <input type="checkbox"/> Executive Officers/Management:<br><input type="checkbox"/> Chairman <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> CFO<br><input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary | <input type="checkbox"/> Founder   |
|  | <input type="checkbox"/> Others, please specify: _____   |

**Business Registration Number**

**Country of Incorporation/Formation/Affiliation**

- Singapore     Others, please specify: \_\_\_\_\_

**Entity Name** (as per certificate of incorporation/constitutional documents)

**Date of Incorporation/Formation**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD    MM    YYYY

**Registered Address:**

- As per registered address on ACRA/Constitutional Documents, **OR**  
 Please refer to our particulars below

**Postal Code**

**Listed Entity** (please provide name of exchange):

**Government Entity** (please specify which government):

ISIN: \_\_\_\_\_

**Controlling Person 2**

**Role in Applicant** ▶ Tick all that applies

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietor   | <input type="checkbox"/> Partner   |
| <input type="checkbox"/> Authorised Signatory as per articles of organisation or corporate resolution  | <input type="checkbox"/> Shareholder with ≥ 10% shareholdings<br>State % of Ownership: _____ % |
| <input type="checkbox"/> Director  | <input type="checkbox"/> Donor with ≥ 10% contribution   |
| <input type="checkbox"/> Executive Officers/Management:<br><input type="checkbox"/> Chairman <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> CFO<br><input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary | <input type="checkbox"/> Founder   |
|  | <input type="checkbox"/> Others, please specify: _____   |

**Business Registration Number**

**Country of Incorporation/Formation/Affiliation**

- Singapore     Others, please specify: \_\_\_\_\_

**Entity Name** (as per certificate of incorporation/constitutional documents)

**Date of Incorporation/Formation**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD    MM    YYYY

**Registered Address:**

- As per registered address on ACRA/Constitutional Documents, **OR**  
 Please refer to our particulars below

**Postal Code**

**Listed Entity** (please provide name of exchange):

**Government Entity** (please specify which government):

ISIN: \_\_\_\_\_

<sup>3</sup>If the Applicant is a Passive NFFE, please provide information for all shareholders i.e. anyone holding interests whether directly or indirectly in the Applicant.

**6. Public Figure Declaration (e.g. Heads of States or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations and important political party officials) to be completed for Controlling Persons**

<input type="checkbox"/> Yes Name of Controlling Person or immediate family member who is a Public Figure (as per official identity document):  [ ] currently holds [ ] have held [ ] is/are actively seeking [ ] is/are being considered for  Senior public office (please elaborate)  Position: _____ Current: <input type="checkbox"/> Yes <input type="checkbox"/> No If not current, period when the senior public office was held:  From _____ to _____	<input type="checkbox"/> Yes Name of Controlling Person or immediate family member who is a Public Figure (as per official identity document):  [ ] currently holds [ ] have held [ ] is/are actively seeking [ ] is/are being considered for  Senior public office (please elaborate)  Position: _____ Current: <input type="checkbox"/> Yes <input type="checkbox"/> No If not current, period when the senior public office was held:  From _____ to _____
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No, unless identified above, I/we and my/our immediate family members do not hold, have never held, are not actively seeking and are not being considered for senior public office.

No, unless identified above, I/we (being the authorized signer(s)) further confirm on behalf of each of the Applicant's Controlling Person, that he/she do not hold / have never held / are not actively seeking and are not being considered for senior public office.

**7. Confirmation & Declaration**

I am/We are authorised to open account(s) for and on behalf of the Applicant, and in connection with the application to open account(s), I/we warrant and confirm on behalf of the Applicant and the Controlling Person(s) (as the case may be) as set out below. I/We further confirm that the warranties and confirmations provided in this Form may be relied on for the purpose of assessing the application as well as for the continued operation of the account(s).

**A. General**

1. I/We declare that the information provided in connection with this application furnished by me/us to Citibank is correct and complete.
2. I/We confirm that I/we have read the Citibank Singapore Global Consumer Banking Terms and Conditions, and agree for the same and any other terms and conditions that CitiBank may issue from time to time in respect of the account(s), to govern the account(s) and bind the Applicant.
3. I am/We are not un-discharged bankrupt(s) or in liquidation, and there has been no statutory demand served on me/us nor legal proceedings commenced against me/us. The Applicant is not in liquidation and there has been no statutory demand served on the Applicant nor legal proceedings commenced against the Applicant.
4. "Account(s)" means all and any account as may be opened or maintained by the Applicant with Citibank from time to time.

**B. Investments/Foreign Currency Trading Accounts**

1. I/We certify under penalties of perjury that:
  - a. The Applicant is not a U.S. Person (as defined below); and
  - b. The gains from account(s) transactions are not and will not be effectively connected or related to any U.S. trade or business that the Applicant is engaged in or intends to engage in during any calendar year.
2. I/We undertake for myself/ourselves and on behalf of the Applicant and the Controlling Person(s) to provide Citibank with such information as Citibank may require from time to time, and must update that information as Citibank requires from time to time, to enable Citibank or any Citigroup Organisation (as defined below) to comply with any Law or Regulation (as defined below).
3. The Applicant will contact Citibank immediately or at least within 30 days if at any time in the future the Applicant becomes a U.S. Person. On behalf of the Applicant, I/we agree that Citibank shall be entitled to do all acts and things it deems necessary to comply with applicable Law or Regulation, including but not limited to a liquidation of the affected assets. I/We agree on behalf of the Applicant to indemnify Citibank for all costs and expenses incurred as a result thereof.
4. Citibank assumes no liability for any tax withheld on any reportable payments made to a customer under applicable Law or Regulation.
5. For purposes of complying with the applicable Law or Regulation, I/we on behalf of the Applicant waive any bank secrecy, privacy or data protection rights related to the account(s).
6. Definitions:

"Citigroup organisation" means any affiliate or subsidiary of Citigroup Inc.

"Law or regulation" means the law or regulation of any jurisdiction, domestic or foreign or any agreement entered into with or between any competent regulator prosecuting, tax, governmental authority in any jurisdiction, domestic or foreign

"U.S." or "United States" refers to the United States of America

"U.S. Person" means any of the following:

- (i) a United States citizen;
- (ii) a United States resident; meaning:
  - (a) a green card holder, or
  - (b) an individual physically present in the United States for 31 days in the current calendar year and 183 days during the 3 year period that includes the current year and the two years immediately before that, counting:
    - i. all the days present in the U.S. in the current year,
    - ii. 1/3 of the days present in the U.S. in the first year before the current year, and
    - iii. 1/6 of the days present in the U.S. in the second year before the current year; or
  - (c) an individual designated a resident for U.S. tax purposes; or
  - (d) an individual with a U.S. mailing address or U.S. telephone number.
- (iii) a corporation partnership or entity organised or existing under the laws of any state territory or possession of the United States;
- (iv) an estate or trust of which any executor, administrator or trustee is a United States Person;
- (v) an agency or branch of a foreign entity located in the United States;
- (vi) a discretionary or non-discretionary account held by a fiduciary for the benefit or account of a United States Person;
- (vii) a non-U.S. partnership, corporation or entity owned or controlled by a United States Person (ownership of 10% or more by a U.S. Person); or
- (viii) a partnership, corporation or entity with a U.S. mailing address or U.S. telephone number.

**C. Banking Secrecy Waiver**

I/We authorise Citibank's transfer and disclosure of any information relating to the Applicant (including information Citibank obtains from third parties such as any credit bureau recognized by The Monetary Authority of Singapore ("MAS") under or pursuant to the Banking Act (Chapter 19)), to and between the branches, subsidiaries, representative offices, affiliates and agents of Citibank, N.A. and third parties selected by any of them or Citibank, wherever situated, for confidential use (including for use in connection with the provision of any Products or Services to the Applicant, and for data processing, statistical and risk analysis purposes, global cash services and dealings in securities on The Singapore Exchange Securities Trading Limited and any other relevant authorities and agencies pertaining thereto). Citibank and any of Citibank, N.A.'s branches, subsidiaries, representative offices, affiliates, agents or third parties selected by any of them or Citibank, shall be entitled to transfer and disclose any information as may be required by applicable law, court, regulator or legal process.

**D. Privacy**

1. I/We for myself/ourselves and on behalf of the Applicant represent to Citibank that I/we and the Applicant (as the case may be) have valid consent and authority obtained from the Relevant Individuals (as defined below), for Citibank, Citibank Entities (as defined below), and its agents and contractors to collect, use, disclose and/or otherwise deal with Personal Data (as defined below) collected from me/us, the Applicant and/or each Relevant Individual, for purposes described in the Privacy Circular, to the extent permitted by applicable data protection laws.
2. "Privacy Circular" refers to the notification provided by Citibank to explain the purposes for Citibank's collection, use and disclosure of personal data (as defined in the Personal Data Protection Act 2012 of Singapore), including amendments thereto. The Privacy Circular can be found on Citibank's website [www.citibank.com.sg](http://www.citibank.com.sg). The terms "Relevant Individuals", "Citibank Entities" and "Personal Data" are defined in the Privacy Circular.

**E. Charges/Commissions**

1. Citibank may debit the Account(s) with the full amount of any reasonably incurred charges, fees (including without limitation legal fees and stamp fees), costs and expenses, interest, taxes, commission (including without limitation brokerage commission) and penalties (collectively, "Charges") payable to Citibank whether in respect of (i) the Products and/or Services; (ii) any liability of any nature arising in respect of the Account(s) or otherwise; (iii) any overdraft granted to the Applicant and any outstanding advances; (iv) any liability of any nature arising (whether in Singapore or elsewhere) in respect of the Account(s); (v) any overdrawn sums on the Account(s); or (vi) any investment(s) which Citibank quotes to or transacts for the Applicant. I/We on behalf of the Applicant consent to Citibank retaining for its benefit any Charges, commissions, rebates and other forms of payment or benefit from any party (including any broker, underwriter or counterparty) in respect of transactions of the Applicant unless prohibited by any regulations, laws, rules or legal process.
2. Subject to Citibank providing reasonable notice thereof, I/we on behalf of the Applicant agree that a (i) charge will be levied if the Applicant fails to maintain the minimum balance required for any Account or if any Account remains inactive for such duration as Citibank may prescribe from time to time.; and (ii) charges may also be levied if the Applicant closes any Account within such time period as Citibank may prescribe from time to time.
3. Citibank may, at its discretion and with reasonable notice to me/us, modify the prevailing rate and/or amount of any Charges payable by the Applicant to Citibank.

**F. No Tax Advice and tax representations and warranties**

I/We on behalf of the Applicant acknowledge that:

1. the Applicant is solely responsible for acquiring appropriate independent tax advice regarding the Account(s);
2. nothing in this application form, the Citibank Singapore Global Consumer Banking Terms and Conditions or in any other communication, whether or not in writing, between the Applicant and you or other branches, subsidiaries, representative offices, affiliated or associated companies of Citibank, N.A., or related entities owned or controlled directly or indirectly by Citigroup, Inc. (collectively, "Citigroup Companies") constitutes advice relating to tax or to the suitability from a tax planning perspective of any strategy or investment or to the Applicant's compliance with any laws, regulations or rules;
3. withholding tax or income received from all markets will be held at the domestic rate; and
4. where the Applicant's jurisdiction of tax residence has a double tax treaty with a jurisdiction where tax is withheld, the Applicant will consult its tax advisers to see how this impacts its tax position.

I/We represent and warrant for myself/ourselves and on behalf of the Applicant and each beneficial owner that:

1. the Applicant understands that it is solely responsible for its own tax affairs and obligations;
2. the Applicant have not been convicted of any tax crime in any jurisdiction and, as far as I am/we are aware, the Applicant is not under any ongoing investigation by any tax authority or law enforcement agency for alleged criminal or fraudulent conduct relate to tax evasion;
3. any assets deposited, or to be deposited, in the Account(s) do not represent the proceeds of any criminal conduct (including tax crimes);
4. new and existing Account(s), and the assets deposited into them, including income with respect to such assets, have been, and will continue to be, declared to the relevant tax authorities, or are not legally required to be disclosed to the relevant tax authorities;
5. the Applicant will notify Citibank promptly upon any change in the above representations and warranties; and
6. the Applicant and each beneficial owner has authorised me/us to make the above representations and warranties on their behalf.

**G. Compliance with Laws**

I/We acknowledge and agree on behalf of the Applicant that the Applicant is solely responsible for, and that neither Citibank nor any other Citigroup Company has any responsibility for, the Applicant's compliance with any laws, regulations or rules applicable to the Account(s), including but not limited to: (a) any laws, regulations or rules, in my/our or any other jurisdiction, relating to tax, foreign exchange and capital control, (b) reporting or filing requirements, and (c) consents, licenses, approval and authorizations of any governmental authority, bureau or agency (including central bank approval), that may apply as a result of my/our country of citizenship, domicile, residence or tax-paying status.

I/We on behalf of the Applicant agree to comply with all applicable tax and tax reporting obligations with respect to the Applicant's relations and/or Account(s) with Citibank.

**8. Authorised Signers (Signatures affixed on this form shall serve as the bank's record for transaction authorisation and also as acknowledgement of Section 7 - Confirmation & Declaration)**

Name of Authorised Signer <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	Signature/Date  <b>X</b>  <b>DD/MM/YYYY</b>
Name of Authorised Signer <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	Signature/Date  <b>X</b>  <b>DD/MM/YYYY</b>
Name of Authorised Signer <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	Signature/Date  <b>X</b>  <b>DD/MM/YYYY</b>
Name of Authorised Signer <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	Signature/Date  <b>X</b>  <b>DD/MM/YYYY</b>
Name of Authorised Signer <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	Signature/Date  <b>X</b>  <b>DD/MM/YYYY</b>
Name of Authorised Signer <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	Signature/Date  <b>X</b>  <b>DD/MM/YYYY</b>

**9. For Bank Use Only**

Customer No:	Signature Verified/Requesting RM:	SIC: _____
Relationship No:	Date:	LLB: _____
GRB/UWS Input By:	Checked By:	
Date:	Date:	
MA Checker:	Approved By:	
Date:	Date:	