

**Part 5b Controlling Person tax residency self-certification form (CRS-CP)**

**A. Name of Controlling Person:**

**B. Residence Address :**

**Line 1** House/Apt/Suite  
Name, Number, Street

**Line 2** Town/City  
Province/Country/ State

Country  Postal Code / ZIP code

**C. Mailing Address :** ( please only complete if different from the address shown in Section B above)

**Line 1** House/Apt/Suite  
Name, Number, Street

**Line 2** Town/City  
Province/Country/ State

Country  Postal Code / ZIP code

**D. Date of birth**

D	D	M	M	Y	Y	Y	Y
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**E. Place of birth**

Town or City of Birth

Country of Birth

**F. Tax Residency (Please tick):**

- (i) Are you a Malaysian Resident for Tax Purposes?
- (ii) Are you a United States Citizen or United States Resident/ Taxpayer?
- (iii) Are you a Residents for Tax Purpose/ Taxpayer of any country other than Malaysia and United States?

**Part 5b Controlling Person - Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)**

Please complete the following table indicating (i) where the Controlling Person is tax resident and (ii) the Controlling Person’s TIN for each country indicated.

If the Controlling Person is tax resident in more than three countries please use a separate sheet. If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

**Reason A** - The country where I am (Controlling Person) liable to pay tax does not issue TINs to its tax residents.

**Reason B** - The Controlling Person is otherwise unable to obtain a TIN or equivalent number  
(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

**Reason C** - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

**Part 5b Type of Controlling Person**

Please provide the Controlling Person’s Status by ticking the appropriate box.

Controlling Person of legal person - <b>control by ownership</b>	
Controlling Person of legal person - <b>control by other means</b>	
Controlling Person of legal person - <b>senior managing official</b>	
Controlling Person of legal arrangement - trust - <b>settlor</b>	
Controlling Person of legal arrangement - trust - <b>trustee</b>	
Controlling Person of legal arrangement - trust - <b>protector</b>	
Controlling Person of legal arrangement - trust - <b>beneficiary</b>	
Controlling Person of legal arrangement - trust - <b>other</b>	
Controlling Person of legal arrangement - other - <b>settlor-equivalent</b>	
Controlling Person of legal arrangement - other - <b>trustee-equivalent</b>	
Controlling Person of legal arrangement - other - <b>protector-equivalent</b>	
Controlling Person of legal arrangement - other - <b>beneficiary-equivalent</b>	
Controlling Person of legal arrangement - other - <b>other-equivalent</b>	

**Part 5b Personal Data Protection Declaration**

I/We understand and agree that by signing up for any products offered by Zurich Takaful Malaysia Berhad ("the Company"), interacting with the Company and submitting my/our information to the Company, I/we have consented on the collection, processing, using and sharing of my/our personal data including my/our sensitive personal data by and for the Company.

I/We understand and agree that the personal data provided may be used, processed and disclosed by the Company to individuals/organization related to and associated with the Company or any appointed third party (within or outside of Malaysia, including reinsurance, claims investigation companies and industry associations and federations) for the obligatory purposes of processing this application and providing subsequent service for this product and/or communicate with me/us for such purposes; as described in the Company's Personal Data Protection Notice published at <https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice>.

I/We understand that I/we have the right to access, update, change or opt-out my/our personal data held by the Company concerning me/us. Such requests can be made through forms which can be downloaded at the Company's website or in writing at the Company's nearest branches.

I/We understand that inquiries or complaints (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information) can be made by contacting the Company's Customer Care Officer at 1-300-888-622, or by visiting/writing to the Company at [CallCentre@zurich.com.my](mailto:CallCentre@zurich.com.my).

I/We understand that the Company's Personal Data Protection Notice may be updated from time to time in line with the requirement set forth in the Personal Data Protection Act 2010 and Personal Data Protection Code of Conduct for Insurance Industry and the updated Personal Data Protection Notice is being published at the Company's website.

**Part 5b Declarations and Signature**

I acknowledge that the information contained in this form and information regarding my account may be reported to the tax authorities of the country in which this account is maintained and exchanged with tax authorities of another country or countries in which I am tax resident.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I agree that I will submit a new form within [max 90] days if any certification on this form becomes incorrect.

Signature	Name	Capacity	Date

**Note:** Please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney. If more than 1 Controlling Person, please print and complete the additional Controlling Person declaration form.

**Part 5c Controlling Person tax residency self-certification form (CRS-CP)**

**A. Name of Controlling Person:**

**B. Residence Address :**

**Line 1** House/Apt/Suite Name, Number, Street

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**C. Mailing Address :** ( please only complete if different from the address shown in Section B above)

**Line 1** House/Apt/Suite Name, Number, Street

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**D. Date of birth**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**E. Place of birth**

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**F. Tax Residency (Please tick):**

- (i) Are you a Malaysian Resident for Tax Purposes?
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**Part 5c Controlling Person - Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)**

Please complete the following table indicating (i) where the Controlling Person is tax resident and (ii) the Controlling Person’s TIN for each country indicated.

If the Controlling Person is tax resident in more than three countries please use a separate sheet. If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

**Reason A**-The country where I am (Controlling Person) liable to pay tax does not issue TINs to its tax residents

**Reason B** - The Controlling Person is otherwise unable to obtain a TIN or equivalent number  
(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

**Reason C** - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

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I/We understand and agree that the personal data provided may be used, processed and disclosed by the Company to individuals/organization related to and associated with the Company or any appointed third party (within or outside of Malaysia, including reinsurance, claims investigation companies and industry associations and federations) for the obligatory purposes of processing this application and providing subsequent service for this product and/or communicate with me/us for such purposes; as described in the Company's Personal Data Protection Notice published at <https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice>.

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I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I agree that I will submit a new form within [max 90] days if any certification on this form becomes incorrect.

Signature	Name	Capacity	Date

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