

Appendix 1: Controlling Persons

Only complete Appendix 1 if you have classified yourself as a “PMIE in a non-participating jurisdiction” or a “Passive NFE” under Part 2 of this document.

Please complete a separate “**Individual Self-Certification Form**” for each Controlling Person. Also note that a new “**Individual Self-Certification Form**” must be provided within 30 days of any changes to the information provided below.

Indicate **all** Controlling Person(s) of the Contracting Party (use a separate sheet, if more than 7 Controlling Persons):

Last name	First name	Date of birth (dd/mm/yyyy)
1		
2		
3		
4		
5		
6		
7		

Place, date	Print Name	Signature(s) of the policyholder(s)/payment recipient(s)
		X

Place, date	Print Name	Signature(s) of the policyholder(s)/payment recipient(s)
		X