

BRAC BANK Assessment of Customer's FATCA Classification: Entity

Account Number:											
Account Title:											
Type of Organization:											
FATCA status of above mentioned Entity:											
Indicia of U.S. Status				Status Check "√"							
Is the Country of Forma	tion/Incorpor	ation /Regist	ration Unit	ed States	?					Yes 🗌	No 🗌
Is any of Registration/E	Business/Offic	e/Communi	cation add	ress is in	United Sta	ates?				Yes 🗌	No 🗌
Is Owner/Signatory/Dire	ector/Benefic	ial Owner (B	O) a U.S. pe	erson?						Yes 🗌	No 🗌
Is any of the Owner/Sig	natory/Direct	or/BO US cit	izen or Gre	en Card h	older or re	esident	of the	US?		Yes 🗌	No 🗌
Is any of the Owner/Signatory/Director/BO has a U.S. address or U.S. phone number or U.S. e-mail address?					Yes	No 🗌					
Does the entity receive services and any other						l, Rent,	Payme	nt for		Yes 🗌	No 🗌
If any of above questions Yes, provide details and											
I/we hereby confirm the information provided above is true, accurate and complete. In any event if this statement is identified as false, I/we hereby consent for BRAC Bank Limited to treat my account as per the directions of FATCA.											
I/we hereby consent for BRAC Bank Limited or any of its affiliates (including branches) to share my/our entity information with domestic or overseas											

regulators or tax authorities where necessary to establish my tax liability in any jurisdiction (if required).

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

I/we undertake to notify BRAC Bank Limited within 30 calendar days if there is a change in any information which I/we have provided to the Bank.

Authorize Signature	Authorize Signature	Authorize Signature			
Signature : (with seal)	Signature: (with seal)	Signature : (with seal)			
Name :	Name :	Name :			
Date :	Date :	Date :			