



NATIONAL CREDIT AND COMMERCE BANK PLC.

OBU, NCC Bank Bhaban Branch

Date

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ACCOUNT INFORMATION REGARDING FATCA

(This Supplement must be completed by the authorized signatory (ies) of the Entity operating in Bangladesh.)

Account Number :

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Unique Customer ID (Student) :

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Sector Code :

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(For Bank use only)

Please complete in BLOCK LETTER

- Please mention whether the Entity is incorporated/registered in the US or Bangladesh:
- If the Entity is incorporated/registered in the US, please provide its incorporation/registration number in the US:
- Please provide the following information for the Entity registered/incorporated/operating in Bangladesh having any US Person(s) as shareholder(s) of the Entity (Detailed Shareholding position must be enclosed)**
 - Name of Entity :
 - Date of Incorporated/Registration :
 - Address of the Entity :
 - Contact Telephone Number of the Entity
 - E-TIN(Electronic Tax Identification Number) of the Entity in Bangladesh:
- Does the Entity have any US Person(s) as Shareholder(s) holding 10% or more ownership in the Entity? YES / NO
- If yes, please provide following information
 - Name of the US Person (S).....
 - Residency Number or Passport Number or Green Card Number :
 - Address in
 - USA.....
 - Bangladesh.....
 - A US "in care of " or "hold mail" or P.O. Box address, If any
 - E-mail ID :
 - Telephone Number in :USA : , Bangladesh :

I, on behalf of the Entity , hereby confirm the information provided above is true, accurate and complete.

Subject to applicable local laws, I hereby consent for National Credit and Commerce Bank Limited or any of its affiliates (including branches) collectively "the Bank" to share the above information with domestic or overseas regulators or tax authorities where necessary to establish tax liability of the Entity in any jurisdiction.

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

I undertake to notify the Bank within 30 calendar days if there is a change in the above information which I have provided to the Bank.

.....
Signature

Date :

Name:
Title & Position of the Signatory with stamp
On behalf of the Entity.