

Automatic Exchange of Information (AEI)

Self-certification for Entities

Purpose of this form

The UK Government has signed a series of agreements with a number of overseas tax authorities for the Automatic Exchange of Information as part of its commitment to combat tax evasion. All UK Financial Institutions, including Credit Suisse (UK) Limited (Credit Suisse), to carry out certain due diligence procedures and in some instances conduct reporting in respect of clients.

The purpose of this form is to enable us to obtain the relevant data and comply with UK law. In order to do this we need you to complete this form so that we can determine your Entity's tax residency and its Foreign Account Tax Compliance Act (FATCA)/OECD Common Reporting Standard (CRS) classification under these Agreements and, where necessary, report your information to Her Majesty's Revenue and Customs (HMRC) who will then share this information with the relevant overseas tax authorities. Where we are required to report your account, we are required to provide HMRC with details such as the account number, account holder name and address, tax identification number (TIN) and account balance or value.

Please read the attached Guidance Notes for assistance with completing this form. The Guidance Notes include definitions of terms that are found in this form (the first letters of defined terms are capitalised). If you have any further questions about how to complete this form please contact your tax adviser.

Please note: if the Entity is resident in the United States or dual resident, you should additionally provide an IRS Form W-9.

Where you have provided your US FATCA classification you do not need to complete the sections in Parts II and III where they refer to US FATCA Classification

Please complete:

Part I: Entity details and tax residence	Mandatory for all Entities
Part II: Financial Institution classification	This section needs to be completed by Entities that are Financial Institutions for FATCA and CRS purposes. Sections B must be completed, ignore Section A only if you have already submitted your US FATCA Classification.
Part III: Non-Financial Entities	Only to be completed where indicated and by Entities that are Non-Financial Institutions for FATCA and CRS purposes. Sections B must be completed, ignore Section A only if you have already submitted your US FATCA Classification.
Part IV: Controlling Persons	Only to be completed where indicated in this self-certification by Entities that are Passive NFEs/Passive NFFEs or by Entities that are Investment Entities located in a Non-Participating Jurisdiction and managed by other Financial Institutions (see the Guidance Notes for definitions).
Part V: Consent to Report	Mandatory for all Entities

Part I: Entity details and tax residence

Name of Entity

PDR GROUP PENSION SCHEME

(Client)

Country of Incorporation or Organisation

UNITED KINGDOM

Residence Address:

House/Apt/Suite Name, Number, Street

DAWS HOUSE, 33-35 DAWS LANE,

Town/ City /Province/ County/ State

LONDON

Post Code

NW7 4SD

Country (no abbreviation)

UNITED KINGDOM

Please complete the table below by indicating the Entity's Jurisdiction(s) of Tax Residence and the Entity's TIN (or equivalent identification number) in each jurisdiction.

Jurisdiction of tax residence

(please do not abbreviate)

1. UNITED KINGDOM

2. _____

3. _____

TIN (or equivalent)

If a TIN is unavailable please specify the reason why using the Key below (A, B or C)

PSTR 00786626RY

Key

Please use the following key (A, B or C) to specify why you are unable to provide a TIN or equivalent.

Reason A: The jurisdiction does not issue TINs or equivalent identification numbers to its residents.

Reason B: The jurisdiction does issue TINs or equivalent identification numbers to its residents but the Entity is unable to obtain one. (If this is this reason, please explain why the Entity is unable to obtain a TIN):

Reason C: The TIN or equivalent identification number has been requested from the relevant authority but it has not yet been received. (In this case, please provide the identification number as soon as it's received.)

Proceed to **Part II** if your Entity is a Financial Institution or **Part III** of this form if your Entity is not a Financial Institution

Part II: Financial Institution classification

Please complete sections A and B to indicate your Entity's classification for US FATCA (section A) and CRS (section B) purposes. If your Entity is not a Financial Institution for one or both of these purposes, please complete Part III instead.

Section A: FATCA classification [Please ignore if you have already submitted your US FATCA Classification]

This section is only required to be completed if you have not provided or do not intend to provide Credit Suisse with a valid W-8 or W-9 US Withholding Certificate (as appropriate).

If you have indicated in Part I that your Entity is resident in the United States for tax purposes, please leave this part blank. Otherwise please provide the information requested below.

If your Entity is a Financial Institution (FI) including a Sponsored Financial Institution under an Inter-Governmental Agreement or under the US FATCA regulations, or a Registered Deemed Compliant Financial Institution please tick this box and complete (a) or (b) below as appropriate. If your Entity is not a Financial Institution, proceed to Section B below:

(a) Please provide your Entity's Global Intermediary Identification

Number (GIIN):

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If you are a sponsored entity or a Trustee Documented Trust, please provide the name and GIIN of the sponsor or trustee below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(b) If you are unable to provide a GILN, please select the reason why below:

- (i) It is an Exempt Beneficial Owner ☒
- (ii) It is a Deemed Compliant Financial Institution ☐
- (iii) It is a Non-Participating Foreign Financial Institution ☐
- (iv) It is an Owner Documented Financial Institution ☐
- (v) It is a Trustee Documented Trust ☐
- (vi) Other (please state) ☐

Note: If your Entity is an Owner Documented Financial Institution, please contact us to request our owner reporting statement.

Section B: CRS classification

(a) Active NFE – a corporation whose stock is regularly traded on an Established Securities Market or a corporation which is a related Entity of such corporation

☐

If you have ticked (a), please provide the name of the Established Securities Market on which the corporation's stock is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (a) is a Related Entity of:

(b) Active NFE – a Governmental Entity

☐

(c) Active NFE – an International Organisation

☐

(d) Active NFE – Central Bank

☐

(e) Active NFE – other than (a)-(d)

☐

(f) Passive NFE (Note: if ticking this box please also complete Part IV of this form)

☐**If you have:**

- certified that your Entity is a Passive NFFE/Passive NFE by ticking Part III Section A (a)(ii) or in Part III Section B (f) respectively; or
- certified that your Entity is an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution or a Passive NFE by ticking Part II Section B (a)(i), then please:

(a) Indicate the name of any Controlling Person(s) of the Entity:

Rajesh Mansukhlal Raithatha, Punam Raithatha

And:

(b) Complete Part IV overleaf in respect of each Controlling Person.

Otherwise, please proceed to **Part V**.

Note: If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official.

Part IV: Controlling Persons

(Only required if your classification is Passive NFE or An Investment Entity located in a Non-Participating Jurisdiction and Managed By another Financial Institution)

This part is only to be completed where indicated. Where there are multiple Controlling Persons, please provide one completed copy of this page for each Controlling Person.

First Name

Rajesh Mansukhlal

Last Name

Raithatha

Residence Address:

House Number/ Street

Brakelond,

Post code

HA1 3PB

Town

Harrow

Country (no abbreviation)

United Kingdom

Date of birth

24-03-1972

Place of birth (city and country; please do not abbreviate)

JINJA, UGANDA

Controlling Person's Jurisdiction(s) of Tax Residency and related TIN

Controlling Person's Jurisdiction of Tax Residence

(please do not abbreviate)

1. UNITED KINGDOM

2.

3.

TIN (or equivalent)

If a TIN is unavailable please specify the reason why using the Key below (A, B or C)

C

Reason A: The jurisdiction does not issue TINs or equivalent identification numbers to its residents.

Reason B: The jurisdiction does issue TINs or equivalent identification numbers to its residents but the Controlling Person is unable to obtain one. (If this is the reason, please explain why the Controlling Person has not been able to obtain a TIN):

Reason C: The TIN (or equivalent identification number) has been requested from the competent authority but it has not yet been received. (Please provide the identification number as soon as it is received.)

Please provide the Controlling Person's Status by ticking the appropriate box below:

- | | |
|--|-------------------------------------|
| (a) Controlling Person of a legal person – control by ownership | <input type="checkbox"/> |
| (b) Controlling Person of a legal person – control by other means | <input type="checkbox"/> |
| (c) Controlling Person of a legal person – senior managing official | <input type="checkbox"/> |
| (d) Controlling Person of a trust – settlor | <input type="checkbox"/> |
| (e) Controlling Person of a trust – trustee | <input checked="" type="checkbox"/> |
| (f) Controlling Person of a trust – protector | <input type="checkbox"/> |
| (g) Controlling Person of a trust – beneficiary | <input type="checkbox"/> |
| (h) Controlling Person of a trust – other | <input type="checkbox"/> |
| (i) Controlling Person of a legal arrangement (non-trust) – settlor-equivalent | <input type="checkbox"/> |
| (j) Controlling Person of a legal arrangement (non-trust) – trustee-equivalent | <input type="checkbox"/> |
| (k) Controlling Person of a legal arrangement (non-trust) – protector-equivalent | <input type="checkbox"/> |
| (l) Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent | <input type="checkbox"/> |
| (m) Controlling Person of a legal arrangement (non-trust) – other-equivalent | <input type="checkbox"/> |

Part IV: Controlling Persons

(Only required if your classification is Passive NFE or An Investment Entity located in a Non-Participating Jurisdiction and Managed By another Financial Institution)

This part is only to be completed where indicated. Where there are multiple Controlling Persons, please provide one completed copy of this page for each Controlling Person.

First Name

Punam

Last Name

Raithatha

Residence Address:

House Number/ Street

Brakelond

Post code

HA1 3PB

Town

Harrow

Country (no abbreviation)

United Kingdom

Date of birth

25-09-1972

Place of birth (city and country; please do not abbreviate)

London, United Kingdom

Controlling Person's Jurisdiction(s) of Tax Residency and related TIN

Controlling Person's Jurisdiction of Tax Residence

(please do not abbreviate)

1. UNITED KINGDOM

2.

3.

TIN (or equivalent)

If a TIN is unavailable please specify the reason why using the Key below (A, B or C)

C

Reason A: The jurisdiction does not issue TINs or equivalent identification numbers to its residents.

Reason B: The jurisdiction does issue TINs or equivalent identification numbers to its residents but the Controlling Person is unable to obtain one. (If this is the reason, please explain why the Controlling Person has not been able to obtain a TIN):

Reason C: The TIN (or equivalent identification number) has been requested from the competent authority but it has not yet been received. (Please provide the identification number as soon as it is received.)

Please provide the Controlling Person's Status by ticking the appropriate box below:

- | | |
|--|-------------------------------------|
| (a) Controlling Person of a legal person – control by ownership | <input type="checkbox"/> |
| (b) Controlling Person of a legal person – control by other means | <input type="checkbox"/> |
| (c) Controlling Person of a legal person – senior managing official | <input type="checkbox"/> |
| (d) Controlling Person of a trust – settlor | <input type="checkbox"/> |
| (e) Controlling Person of a trust – trustee | <input checked="" type="checkbox"/> |
| (f) Controlling Person of a trust – protector | <input type="checkbox"/> |
| (g) Controlling Person of a trust – beneficiary | <input type="checkbox"/> |
| (h) Controlling Person of a trust – other | <input type="checkbox"/> |
| (i) Controlling Person of a legal arrangement (non-trust) – settlor-equivalent | <input type="checkbox"/> |
| (j) Controlling Person of a legal arrangement (non-trust) – trustee-equivalent | <input type="checkbox"/> |
| (k) Controlling Person of a legal arrangement (non-trust) – protector-equivalent | <input type="checkbox"/> |
| (l) Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent | <input type="checkbox"/> |
| (m) Controlling Person of a legal arrangement (non-trust) – other-equivalent | <input type="checkbox"/> |

Part V: Acknowledgement

The Client acknowledges that the information in this form and information about its relationship with Credit Suisse, including its account details and details of any income arising on its account, may be reported to HMRC. The Client also acknowledges that HMRC may exchange the information with the tax authorities of any other jurisdiction(s) in which the Client may be resident for tax purposes where the relevant jurisdictions have entered into Agreements to exchange financial account information. The Client acknowledges that, depending on its chosen classification under CRS and FATCA, it may have due diligence and reporting obligations itself, which it hereby agrees to fulfil.

The Client confirms that the above stated Controlling Person(s) (see Part IV) has/have been informed that they may be considered to be reportable person(s) under the FATCA / CRS regime and that their information may be reported to the relevant tax authorities. The Client will inform all future controlling person(s) of this reporting requirement.

The Client declares that all statements made in this declaration are, to the best of its knowledge and belief, true, correct and complete. The Client undertakes to advise Credit Suisse promptly of any change in circumstances which causes the information contained in this form to become incorrect and to provide the bank with an updated form within 90 days of such change in circumstances.

Each signatory to this form certifies that he/she is duly authorised to sign for and on behalf of the Client.

Signed for and on behalf of the Client

B. M. Davis

Print name

BRAD DAVIS

FOR PDR GROUP PENSION SCHEME

Capacity

SCHEME ADMINISTRATOR

Date

17 MAY 2017