



abrdn Investments Luxembourg S.A.

Individual or Controlling Persons Self-Certification Form

Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with Luxembourg Tax Authorities. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes promptly.

Please note that where there are joint or multiple account holders each investor is required to complete a separate Self-Certification form.

Please use BLOCK CAPITALS throughout this application form and return it to the abrdn Investments Shareholder Service Centre:
c/o International Financial Data Services Luxembourg S.A., 49, Avenue J.F. Kennedy, L-1855 Luxembourg, Grand Duchy of Luxembourg
Tel: (+352) 46 40 10820 Fax: (+352) 245 29 056 Tel (UK): (+44) 1224 425255.

1 - Investor details

If you are an existing Investor, please provide us with your Account Number (if known):

Name:

Account Designation:

Address:

Country of Residence:

Place of Birth (City & Country):

Date of Birth:

Email:

Telephone:

2 - Self-Certification

Tax residency

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers in the table below.

Country/Countries of Tax Residency	Tax Reference Number



3 – Type of Controlling Person

(ONLY to be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution).

For joint or multiple Controlling Persons please complete a separate Self-Certification form for each Controlling Person.

Please confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box	Please tick	Entity Name	Ownership %
Controlling Person of a legal person control by ownership			
Controlling Person of a legal person control by other means			
Controlling Person of a legal person senior managing official			
Controlling Person of a trust settlor			
Controlling Person of a trust trustee			
Controlling Person of a trust protector			
Controlling Person of a trust beneficiary			
Controlling Person of a trust other			
Controlling Person of a legal arrangement (non-trust) settlor-equivalent			
Controlling Person of a legal arrangement (non-trust) trustee-equivalent			
Controlling Person of a legal arrangement (non-trust) protector-equivalent			
Controlling Person of a legal arrangement (non-trust) beneficiary equivalent			
Controlling Person of a legal arrangement (non-trust) other-equivalent			

4 – Declaration and Undertakings

☒ Please read and tick the box to agree with the below statements:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

5 – Signature of Applicant

Signature:	Print Name:	Date:
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For more information visit abrdn.com

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