

**ECONOMIC SUBSTANCE CLASSIFICATION AND DECLARATION FORM
(SHORT FORM)**

1	Entity Name and BVI number:
2	Has Securities Listed on a Recognized Stock Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Stock Exchange Name and Listing Reference.
3	Financial Period Start Date and End Date:
4	Entity Taxpayer Identification Number:
5	Total Annual Income of the Entity for the stated period:
6	Business Address of the Entity:
7	Does the entity part of the Multinational Enterprises Group: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the MNE Group.
8	Does the entity have ultimate parent entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name, incorporation number, address, jurisdiction & taxpayer ID No.
9	Does entity have immediate Parent Entity: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name, incorporation number, address, jurisdiction & taxpayer ID No.
10	<p>Does the entity conduct a relevant activity during the Financial Period: Check the appropriate box below.</p> <p><input type="checkbox"/>Banking Business <i>If chosen, continue to Section 2.</i></p> <p><input type="checkbox"/>Insurance Business <i>If chosen, continue to Section 2.</i></p> <p><input type="checkbox"/>Fund Management Business <i>If chosen, continue to Section 2.</i></p> <p><input type="checkbox"/>Headquarters Business <i>If chosen, continue to Section 2.</i></p> <p><input type="checkbox"/>Shipping Business <i>If chosen, continue to Section 2.</i></p> <p style="padding-left: 20px;"><input type="checkbox"/>Commercial/Charter vessel Only</p> <p style="padding-left: 20px;"><input type="checkbox"/>Registered Length of above 24 meters</p> <p><input type="checkbox"/>Distribution and Service Centre Business <i>If chosen, continue to Section 2.</i></p> <p><input type="checkbox"/>Finance and Leasing Business <i>If chosen, continue to Section 2.</i></p> <p><input type="checkbox"/>Holding Business <i>(an entity that only holds shares from other entity)</i></p> <p style="padding-left: 20px;">a. Does the entity comply with its statutory obligations under the BVI Business Companies Act, 2004 or the Limited Partnership Act, 2017 (whichever is relevant)? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p style="padding-left: 20px;">b. Does the entity actively manage its equity participations? <input type="checkbox"/>Yes <input type="checkbox"/>No <i>If Yes, continue to Section 2</i></p> <p><input type="checkbox"/>Intellectual Property Business <i>If chosen, continue to Section 2.</i></p> <p><input type="checkbox"/>None</p> <p style="padding-left: 20px;"><i>Please provide details of assets held. You may select multiple choices if necessary.</i></p> <p style="padding-left: 20px;"><input type="checkbox"/>Bank Account</p> <p style="padding-left: 20px;"><input type="checkbox"/>Yacht Ownership of private vessel</p> <p style="padding-left: 20px;"><input type="checkbox"/>Real Estate</p> <p style="padding-left: 20px;"><input type="checkbox"/>If other please indicate, _____</p>
11	Does the entity tax resident in the Virgin Islands? <input type="checkbox"/> Yes <input type="checkbox"/> No
12	Does the entity intend to make a claim of tax residency outside the Virgin Islands? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide Jurisdiction and Taxpayer ID no., and evidence of tax filing.

The undersigned confirms that all required information has been determined and that the information provided herewith is true and accurate.

Signature: _____
Name: _____
Position: _____
Date: _____

SECTION 2: CONDITIONALLY APPLICABLE IF IT IS CONDUCTING ONE OF THE RELEVANT ACTIVITIES

A	Total expenditure incurred in the operations of the relevant activity during the Financial period (including outsourcing, if applicable).	
B	Total expenditure incurred in the Virgin Islands in the operations of the relevant activity during the Financial period (including outsourcing, if applicable).	
C	Total number of employees engaged in the relevant activity.	
D	Total number of employees engaged in the relevant activity physically present in the Virgin Islands.	
E	Name, Qualification, Number of Years of relevant experience of the Employees.	
F	Provide addresses of the premises within the Virgin Islands used in connection with the relevant activity.	
G	Applicable for IP only:	
	Is the entity a high-risk intellectual property entity? If applicable.	
	Gross income through Royalties, if applicable.	
	Gross income through Gains from sale of IP asset, if applicable.	
	Does the business require the use of specific equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, please provide a description of the nature of this equipment located in the Virgin Islands.