MNE Group,

Address,

Contact number,

Website if available

Email of signatory

Date

Cayman Islands Tax Information Authority,

Government Administration Building,

Box 135, 133 Elgin Avenue,

Grand Cayman, KY1-9000,

Cayman Islands

Dear Sir/Madam,

**Re: [MNE Group]**

**Primary Contact and Secondary Contact for Cayman Islands Constituent Entities pursuant to CbCR Regulations**

All the Entities listed in the Schedule are Constituent Entities of our MNE Group and are resident in the Cayman Islands. Each of those Constituent Entities have authorised the following two individuals as their Primary Contact and Secondary Contact, respectively, with the Tax Information Authority in relation to their obligations under the Tax Information Authority (International Tax Compliance) (Country-by-Country Reporting) Regulations, 2017 (CbCR Regulations).

**Contact details of Primary Contact (cannot be same as below)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email address |  |
| Telephone number |  |
| Business entity |  |
| Physical address |  |

**Contact details of Secondary Contact (cannot be same as above)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email address |  |
| Telephone number |  |
| Business entity |  |
| Physical address |  |

Each of our Cayman Islands Constituent Entities has authorised the Primary Contact to represent it in that capacity for the purpose of compliance with the CbCR Regulations and also to give you any change notice in respect of any subsequent change in the required information under the Regulations, except in respect of the identity of the Primary Contact himself/herself.

Each of our Cayman Islands Constituent Entities has authorised the Secondary Contact to give you any change notice which may subsequently be required in respect of the identity of the Primary Contact for the purpose of the CbCR Regulations.

We will promptly provide you with an updated version of this authorisation letter in the event there is any change in the information contained in this authorisation letter.

Yours sincerely,

<signature>

Name

Position [must be a Director / Senior Manager]

Reporting Entity of MNE Group

**Schedule**

|  |  |
| --- | --- |
| **Constituent Entity name** | **Registration number issued byCayman Islands General Registry** |
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