

FATCA / CRS REPORTING				<input type="checkbox"/> Current Account <input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Savings Account <input type="checkbox"/> Safety Deposit Box <input type="checkbox"/> Personal Chequing Account	
Account No.					
NAME IN FULL	1 st			1 st ID No.	
	2 nd				
	3 rd			2 nd ID No.	
RESIDENCE	1 st				
	2 nd			3 rd ID No.	
	3 rd				
MAILING ADDRESS	1 st				EMAIL ADDRESS
	2 nd				1 st
	3 rd				2 nd
TAX ID NO.	1 st				3 rd
	2 nd				DATE OF BIRTH
	3 rd				1 st
POWER OF ATTORNEY	1 st	Country	Name of Person	2 nd	
	2 nd			3 rd	
	3 rd				TELEPHONE NUMBER
STANDING ORDER	1 st				1 st
	2 nd				2 nd
	3 rd				3 rd
CITIZENSHIP	NATIONALITY		ALTERNATE	Name of Company 10% / 25% or more shareholding	
	1 st			1 st	
	2 nd			2 nd	
	3 rd			3 rd	
DATE		INFORMATION VERIFIED	APPROVAL OF MANAGER	SIGNATURE TO BE USED	OFFICER'S SIGNATURE
	1 st			1 st	
	2 nd			2 nd	
	3 rd			3 rd	



INDIVIDUAL SELF CERTIFICATION

Instructions for completion

We are obliged under the Automatic Exchange of Financial Account Information (Common Reporting Standard) legislation which are based on the OECD Common Reporting Standard (CRS) and Guidance Notes made pursuant to that legislation and the Multilateral Convention on Mutual Administrative Assistance in Tax Matters (MAAC), to collect and report certain information about each account holder's tax residency. Please note that if it is found that an account holder's tax residency is located abroad we may be legally obliged to share this information and other financial information with respect to your financial account (s) with the relevant tax authorities.

Terms referenced in this Form shall have the same meaning as applicable under the Automatic Exchange of Financial Account Information (Common Reporting Standards) legislation, Guidance Notes and the MAAC.

If any of the information below regarding your tax residence or Automatic Exchange of Financial Account Information (AEOI) classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions please contact your tax advisor.

Please note that in the case of joint account holders, each account holder must complete a separate self-certification form.

Part 1 – Identification of Individual Account Holder

Name of Account Holder

Date of Birth (dd/mm/yyyy)

Country of Birth

Permanent Residence Address:

Street

Postal Code

City/Town

State/Province/County

Country

Mailing address (if different from above):

Street

Postal Code

City/Town

State/Province/County

Country

Section 2: Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:

Please tick either (a) or (b) or (c) and complete as appropriate.

- (a) I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:
- (b) I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- (c) I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes.

Complete section 3 if you have non-U.S. tax residencies.

Section 3: Declaration of Tax Residency (other than U.S.)

I hereby confirm that I am, for the purposes of that country's tax system, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country/ countries of tax residency	Tax reference number type	Tax reference number

Please indicate not applicable if the jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason/s for non-availability of the tax reference number:

Section 4: Declaration and Undertakings

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.

Signature

Date:

