

**Individual tax residency self-certification FORM** -(please complete parts 1-3 in BLOCK CAPITALS)

**Part 1 – Identification of Individual Account Holder**

**A. Name of Account Holder:**

Family Name or Surname(s): \* \_\_\_\_\_

Title: \_\_\_\_\_

First or Given Name: \* \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

**B. Current Residence Address:**

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)\* \_\_\_\_\_

Line 2 (e.g. Town/City/Province/County/State)\* \_\_\_\_\_

Country:\* \_\_\_\_\_

Postal Code/ZIP Code (if any):\* \_\_\_\_\_

**C. Mailing Address:** (please only complete if different to the address shown in Section B)

Line 1 (e.g. House/Apt/Suite Name, Number, Street) \_\_\_\_\_

Line 2 (e.g. Town/City/Province/County/State) \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code/ZIP Code: \_\_\_\_\_

**D. Date of Birth\*** (dd/mm/yyyy) \_\_\_\_\_

**E. Place of Birth**

Town or City of Birth \* \_\_\_\_\_

Country of Birth\* \_\_\_\_\_

**Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number\* (“TIN”) (See Appendix)**

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country/jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

*If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet*

*if a TIN is unavailable please provide the appropriate reason **A, B** or **C** where indicated below:*

**Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

**Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

**Reason C** - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A,B or C
1		
2		
3		

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

**Part 3 – Declarations and Signature\***

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with \_\_\_\_\_] setting out \_\_\_\_\_ may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise \_\_\_\_\_] within \_\_\_ days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide \_\_\_\_\_ with a suitably updated self-certification and Declaration within \_\_\_ days of such change in circumstances.

Signature: \* \_\_\_\_\_

Print name: \* \_\_\_\_\_

Date:\* \_\_\_\_\_

**Note:** If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: \* \_\_\_\_\_