



**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):

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**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):\*

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**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:

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

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**E. Place of Birth**

Town or City of Birth \*

Country of Birth\*

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**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 *[the Financial Institution/insert FI's name]* setting out how *[that Financial Institution /insert FI's name]* 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 *[the Financial Institution/insert FI's name]* within *[XX]* 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 *[the Financial Institution that maintains the account/FI's name]* with a suitably updated self-certification and Declaration within *[up to XX]* days of such change in circumstances.

Signature: \*

\_\_\_\_\_

Print name: \*

\_\_\_\_\_

Date:\*

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**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: \*

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