

# Individual Self-Certification

## Instructions for completion

We are required pursuant to the Mutual Legal Assistance (Tax Matters) Act, 2003 and its amendments (namely Mutual Legal Assistance (Tax Matters) (Amendment) (No. 2) Act, 2015 and any Orders or Guidance made thereunder (**implementing legislation**), to collect certain information about each account holder's tax arrangements. These requirements implement the Common Reporting Standards (**CRS**). Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with the BVI International Tax Authority.

Terms referenced in this Form shall have the same meaning as applicable under the CRS and/or implementing legislation.

If any of the information below about your tax residence changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Please note that where there are joint account holders each account holder is required to complete a separate self-Certification form.

## Section 1: Account Holder Identification

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|                     |                            |                  |
|---------------------|----------------------------|------------------|
| Account Holder Name | Date of Birth (dd/mm/yyyy) | Country of Birth |
|---------------------|----------------------------|------------------|

### Permanent Residence Address:

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|                 |           |
|-----------------|-----------|
| Number & Street | City/Town |
|-----------------|-----------|

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|                         |           |         |
|-------------------------|-----------|---------|
| State/Providence/County | Post Code | Country |
|-------------------------|-----------|---------|

### Mailing address (if different from above):

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|                 |           |
|-----------------|-----------|
| Number & Street | City/Town |
|-----------------|-----------|

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|                         |           |         |
|-------------------------|-----------|---------|
| State/Providence/County | Post Code | 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:

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**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: (dd/mm/yy)