

Individual Tax Self Certification - FATCA

Customer Name		Base No.	
---------------	--	----------	--

Section A: (Mandatory for all customers)

1	Place of birth (as per your Passport): City_____ Country_____
2	Are you a tax resident of any country or countries for tax purpose outside of UAE? <input type="checkbox"/> No <input type="checkbox"/> Yes
3	If "Yes", please specify which country or countries: _____
4	Will this account have Standing Instructions to transfer money to an account maintained in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes
5	Will this account give power of attorney or signatory authority to a person with a US address? <input type="checkbox"/> No <input type="checkbox"/> Yes
6	Will this account have a hold mail or 'in care of address'? <input type="checkbox"/> No <input type="checkbox"/> Yes

Section B: (Mandatory for all US Citizens and US tax residents)

Please provide your US Tax Identification Number (TIN) in the field below.										
--	--	--	--	--	--	--	--	--	--	--

Section C: (Mandatory for all those born in the US, but claiming not to be a US citizen or a US resident for tax purposes)

1	If you were born in the US, but never obtained US citizenship please provide a reason why:
2	If you were born in the US, but have either lost or relinquished your US citizenship please provide a copy of your Certificate of Loss of Nationality of the US or a reasonable explanation as to why you do not have such a Certificate:

Section D: (Mandatory for all Customers)

I hereby certify that the information I have provided in this form is true, correct and complete, I confirm that under no circumstances shall the Bank, its employees or its contractors be liable for any direct, indirect, incidental, special, punitive or consequential damages that may result in any way from their reliance on the information I have provided. I confirm that I have provided this Self Certification willingly without advice or help from the Bank. I understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my application or other appropriate action taken against me.

Customer Name							Capacity of Signature			
							Account Holder			
Signature							Power of Attorney			
							Guardian			
							Other (Please specify below)			
Date	D	D	M	M	Y	Y				

To be completed by the bank RM or CSR

RM or CSR Name		Signature	
----------------	--	-----------	--