



## INDIVIDUAL Self Certification

### INSTRUCTIONS:

Please fill in this form if you are an individual account holder, sole trader or sole proprietor. For joint or multiple account holders, use a separate form for each individual person.

If the account is maintained for an entity, do not use this form. Instead, you will need an "Entity self-certification." If asked to complete this form as a Controlling Person, please also complete Annexure A.

If you are filling in this form on behalf of someone else please tell us in what capacity you are signing. For example, you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a power of attorney or as a legal guardian for a minor.

As a financial institution, we are not allowed to give tax advice. For more information on tax residence, please consult your tax adviser. You can find further information at <http://www.oecd.org/tax/automatic-exchange/>

### Section 1 – BASIC INFORMATION (please complete in BLOCK CAPITALS)

#### A. Name of Individual:

Title and Full Name of Individual: \* \_\_\_\_\_

#### B. Date of Birth\*

(dd/mm/yyyy) \_\_\_\_\_

#### C. Place of Birth

(Town or City)\* \_\_\_\_\_ (Country)\* \_\_\_\_\_

#### D. Current Residence Address:

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

\_\_\_\_\_

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

\_\_\_\_\_

Country:

\_\_\_\_\_

Postal Code/ZIP Code:

\_\_\_\_\_

#### E. Mailing Address: (please only complete if different to the address shown in Part D above)

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

\_\_\_\_\_

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

\_\_\_\_\_

Country:

\_\_\_\_\_

Postal Code/ZIP Code:

\_\_\_\_\_

**Section 2 – TAX RESIDENCY\***

**A. Is the Individual a US Person<sup>i</sup>?**

- No. **Please attach a completed IRS Form W-8/W-8 BEN if applicable.**
- Yes. **Please attach a completed IRS Form W-9**

**B. Please complete the following table: indicate where the Individual is a tax resident and the tax identification number (TIN). (If you are tax resident in more than three countries/jurisdictions, please use a separate sheet.)**

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

If a TIN is unavailable please provide the appropriate reason A, B or C where indicated above:

- Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
- Reason B<sup>^</sup>** - 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)

**C. <sup>^</sup>If reason B is selected above, please explain briefly below:**

1	
2	
3	

**Section 3 – DECLARATION\***

I declare that the information provided in this form is true, correct and complete.

I certify that I am the Individual named in Part 1 (or am authorised to sign for the Individual) who is the beneficial owner of all the account(s) to which this form relates.

I agree to inform **Trustees & Fiduciaries (Cook Islands) Ltd** within 30 days of any change in circumstances which causes the information contained herein to become incorrect or incomplete, including a change in tax status.

I acknowledge that the account details of the Individual named in Part 1 in this form may be collected, stored, processed and shared with relevant competent authorities for the purpose of complying with obligations under applicable laws and regulations, including disclosure of the information to governmental authorities and regulators. Where required, I agree to provide a waiver to allow this information to be reported to the competent authority.

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

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

Capacity (if not signed by Individual named in Part 1): \* \_\_\_\_\_

*If signing under a power of attorney please also attach a certified copy of the power of attorney.*

<sup>i</sup> US person for FATCA purpose means a US citizen (even if residing outside the US) or a resident alien of the US

**ANNEXURE A:** To be completed by: A person identified on the Entity Self-Declaration Form as a Controlling Person for an entity account holder that is:

- a) A Passive NFFE for FATCA purposes, or
- b) A Passive NFE or an investment entity managed by a financial institution with a tax residence in a non-CRS jurisdiction for CRS purposes.

**Controlling Persons** – The natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor(s), the trustee(s), the protectors(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, means persons in equivalent or similar positions. Controlling persons must be interpreted in a manner consistent with the Financial Action Task Force Recommendations (see FATF Recommendation 10).

**This annexure is considered an integral part of the self-certification to which it is associated. If there is a change in details, please inform us within 30 days.**

**A. Please provide the legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person:**

Legal name of Entity 1 \_\_\_\_\_

Legal name of Entity 2 \_\_\_\_\_

Legal name of Entity 3 \_\_\_\_\_

**B. Type of Controlling Person** (Please only complete this section if you are tax resident in one or more Reportable Jurisdictions).

For joint or multiple Controlling Persons please use a separate Self Certification form for each Controlling Person.

<b>Please provide the Controlling Person's Status by ticking the appropriate box.</b>	<b>Entity 1</b>	<b>Entity 2</b>	<b>Entity 3</b>
a. Controlling Person of a legal person – control by ownership			
b. Controlling Person of a legal person – control by other means			
c. Controlling Person of a legal person – senior managing official			
d. Controlling Person of a trust – settlor			
e. Controlling Person of a trust – trustee			
f. Controlling Person of a trust – protector			
g. Controlling Person of a trust – beneficiary			
h. Controlling Person of a trust – other			
i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent			
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent			
k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent			
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent			
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent			