



Controlling Person Tax Residency Self-Certification Form

Please complete for each Controlling Person who is a natural person.

A. Controlling Person Identification	RIM#
Name of Individual: <i>(first, middle and last name)</i>	Date of Birth (dd/mm/yyyy): _____
	Town or City of Birth: _____
	Country of Birth: _____

Permanent Residence Address
Street: _____
City/Town: _____
State/Province/County: _____
Postal Code: _____
Country: _____

Mailing Address (If different)
Street: _____
City/Town: _____
State/Province/County: _____
Postal Code: _____
Country: _____

Please enter 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. Jurisdiction of Residence for Tax Purpose and related Taxpayer Reference

Number or functional equivalent ("TIN")

Please complete the following table indicating:

- i. Where the Controlling Person is tax resident;
- ii. The Controlling Person's TIN for each jurisdiction indicated; and
- iii. If the Controlling Person is a tax resident in a jurisdiction that is a Reportable Jurisdiction(s), then please also complete **Section C** "Type of Controlling Person".

If a TIN is unavailable, please provide the appropriate reason:

- Reason A** The country / jurisdiction where I am liable to pay tax does not issue TINs or equivalent numbers to its residents
- Reason B** The Account Holder is otherwise unable to obtain a tax reference number *(Please explain in the below table)*
- Reason C** No TIN or equivalent identifier is required under the domestic law of the relevant jurisdiction.

Jurisdiction (s) of Tax Residency	Tax Reference Number Type ¹ <i>(e.g., TIN, NINO, UTR, TRN)²</i>	Tax Reference Number	If No Tax Reference Number is Available Select Reason A or B or C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

¹ Tax Reference Number: A unique number issued by a tax authority to identify an individual or entity for tax purposes. Depending on the jurisdiction, it may also be called a Tax Information Number (TIN), National Insurance Number (NINO), or Unique Taxpayer Reference (UTR).

If **Reason B** is selected, please explain below.

Jurisdiction Name	Reason

C. Type of Controlling Person

(Please only complete this section if you are tax resident in one or more Reportable Jurisdiction)

Please provide the Controlling Person's Status by ticking the appropriate box	Entity 1	Entity 2	Entity 3
a. Controlling Person of a legal person – control by ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling Person of a legal person – control by other means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Controlling Person of a legal person – senior managing official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Table with 4 columns: Status description, Entity 1, Entity 2, Entity 3. Rows include Controlling Person of a trust (settlor, trustee, protector, beneficiary, other) and Controlling Person of a legal arrangement (non-trust) (settlor, trustee, protector, beneficiary, other) equivalent.

D. Controlling Person Declaration and Undertaking

I acknowledge that the information contained in this form and information regarding the Controlling Person(s) and any Reportable Account(s) may be reported to the tax authorities of the jurisdiction in which this account(s) is/are maintained and exchange with tax authorities of another jurisdiction(s) in which [I/the Controlling Person] may be tax resident pursuant to international agreements to exchange financial account information.

I certify that either (a) I am the Controlling Person, or I am authorised to sign for the Controlling Person, of all the accounts(s) held by the entity Account Holder to which this form relates; or (b) I am authorised by the Account Holder to make this declaration.

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

I acknowledge that it is an offence to make a Self-Certification that is false in a material particular.

I undertake to advise the recipient within thirty (30) days of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide the recipient with a suitably update Self-Certification and Declaration within thirty (30) days of such change in circumstances.

Name Signature Date(dd/mm/yyyy)

Note: If you are not the Controlling Person and not authorised to sign the Declaration on behalf of the Account Holder, please indicate the capacity in which you are signing the form on behalf of the Controlling Person. If signing under a power of attorney or other equivalent written authorisation, on behalf of the controlling person, please attach a certified copy of the power of attorney or written authorisation.

Capacity

For Bank Use Only

Notes (if applicable):

Name of Reviewing Officer Date (dd/mm/yyyy)