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| **Foreign Account Tax Compliance Act (“FATCA”) – Individual Self certification** | | | | |
| Please complete this self-certification form carefully. All information requested on the form is mandatory and need to be completed in full.  ***Note: Please do not complete this self-certification form if you are not a natural person, instead please use the self-certification form for companies*** | | | | |
| **Section A – Account Beneficial Owner information** | | | |
|  |  | | |
| 1. **Full Name (as per passport)** |  | | |
| 1. **Civil ID number /passport number** |  | | |
| 1. **Date of birth (MM-DD-YYYY)** |  | | |
|  |  | | |
| 1. **Resident address (supported by a valid governmental document)** | **Address :** |  | |
|  | **City:** |  | |
|  | **Country:** |  | |
|  |  |  | |
| 1. **Mailing address (if different that the resident address)** | **Address Line 1:** |  | |
| **Address Line 2:** |  | |
| **City:** |  | |
| **Country:** |  | |
|  |  | |  |
| **Section B – Identifying Residency and source of income for Tax Purposes** | | | |
| 1. **Are you a US person1?** | **🞏 Yes 🞏 No** | **If the answer is yes, please provide a W-9 form and your Tax Payer Identification Number (US TIN)2:** | |
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| **Section C – Certification** | | | |
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| 1. Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. 2. I agree to provide a copy of this form, or use and disclose the information mentioned above to any third party, or any competent authority responsible for the institution FATCA compliance. 3. I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution 4. I understand and agree that on specific request from any relevant tax authorities or any party authorized to audit or conduct a similar control for tax purposes, the information contained in this form and/or a copy of this form can be disclosed to such tax authorities or such party. 5. In case of any change in circumstances that causes the information contained herein to become incorrect I recognize that I will have to provide a suitable updated Self-Certification form within 30 days of such change in circumstances. | | | |
|  | | | |
| **Name** | **Signature** | **Date** | |
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| |  | | --- | | **Definitions**  1 The term “**US Person**” means a US citizen or resident individual, a partnership or corporation organized in the United States or under the laws of the United States or any State thereof, a trust if (i) a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the United States. This subparagraph 1(aa) shall be interpreted in accordance with the US Internal Revenue Code.  2US Tax Identification Number (TIN): Taxpayer identification number of a US federal tax payer  3Tax residency: Resident in a country or subject to the tax laws enforced in the country for any reason other than the residency, for which enforces/ requires the person to pay taxes without necessarily holding the country’s nationality. | | | | | | |