



## CRS Financial Institution (FI) Self-Certification Form

### Part 1 Identification of Account Holder

**CIF**

A. Name of Legal Entity or Branch	B. Country of Incorporation or Organisation
C. Current Residence Address	D. Mailing Address (only complete if different from Section C)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City/Town:	City/Town:
Postal Code/ZIP Code:	Postal Code/ZIP Code:
Country:	Country:

### Part 2 Type of Financial Institution

Please provide the Account Holder's Status by ticking one of the following boxes in **Section 1** below.

#### Section 1

##### Financial Institution (FI)

<b>(a)</b> Financial Institution – Investment Entity	
<b>(i)</b> An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution <i>(Note: if ticking this box please also complete <b>Sections 2(a) and 2 (b)</b> below for Controlling Persons).</i>	<input type="checkbox"/>
<b>(ii)</b> Other Investment Entity	<input type="checkbox"/>
<b>(b)</b> Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company	<input type="checkbox"/>

If you have ticked **(a)** or **(b)** above, please provide, if held, the Account Holder's Global Intermediary Identification Number (GIIN) obtained for FATCA purposes.

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#### Section 2

If you have ticked **1 (a) (i)** above, then please complete the table below:

**a)** Indicate the name of any Controlling Person(s) of the Account Holder:

No	Name of Controlling Persons*
1	
2	
3	
4	
5	

**b)** Complete 'Controlling Person tax residency self-certification form' for each Controlling Person disclosed in **section 2 (a)** above.

\***Controlling Person(s)** is/are the natural person (s) who exercise(s) control over the entity through ownership interest of 25% or above. In case an entity has no natural person having control through ownership interest, the Board of Directors or Senior Management may be considered as controlling persons.



**Part 3 Country of Residence for Tax Purposes and related TIN or functional equivalent**

Please complete the Tax Status Table indicating as illustrated below.

- (i) If the Account Holder is not Resident for tax purposes in any jurisdiction because, for example, it is fiscally transparent, please indicate that on line 1 in table below and provide its place of effective management or country in which its principal office is located.
- (ii) If the Account Holder is Resident for tax purposes in more than three countries please use a separate sheet.
- (iii) If a Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') is unavailable please provide the appropriate reason **A, B or C where appropriate**:

**Reason A:** The country where the Account Holder is liable to pay tax does not issue TINs to its residents.

**Reason B:** 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 authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed).

Tax Status Table

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A,B Or C
1			
2			
3			

**If you selected Reason B above, explain why you are unable to obtain a TIN in the corresponding row below**

1	
2	
3	

**Part 4 Declaration and Signature**

I acknowledge that the information provided on this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this/these account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be a tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I hereby declare that all information provided and statements made in this Form are to the best of my knowledge and belief, correct and complete and accept full responsibility for any misstatement or inaccurate information provided.

I hereby agree to advise SBM Mauritius Asset Managers Ltd within 30 days of any change in circumstances which affects the tax residence status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect (including any changes to the information on controlling persons identified in Part 2 question 2(a), and to provide a suitably updated self-certification reflecting such change in circumstances).

Name: .....

Capacity: .....

Signature: .....

Date: .....

**Part 5 OFFICE USE**

<b>Processed by:</b>	<input type="text"/>	<b>Staff ID:</b>	<input type="text"/>	<b>Signature:</b>	<input type="text"/>
<b>Verified by OPC:</b>	<input type="text"/>	<b>Staff ID:</b>	<input type="text"/>	<b>Signature:</b>	<input type="text"/>

Department/Service Unit Seal: