



CRS Individual Self-Certification Form

Part 1 Identification of Individual Account Holder
CIF

A. Name of the Individual who is the Account Holder	B. Date of Birth
Title:	DD/MM/YYYY:
Surname(s):	C. Place of Birth
First or Given Name:	Town or City of Birth:
	Country of Birth:
D. Current Residence Address	E. Mailing Address (complete only if different from Section D)
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 Tax Residence Information

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

If the Account Holder is a resident for tax purposes in more than three countries, please use a separate sheet.

If a TIN is unavailable please provide 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 (please explain why Account Holder is 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)

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

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1	
2	
3	

Part 3 Declaration and Signature

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 acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

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

I hereby agree to inform the SBM Mauritius Asset Managers Ltd of any changes regarding my personal and tax status and undertake to advise SBM Mauritius Asset Managers Ltd within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide SBM Mauritius Asset Managers Ltd with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:

Date:

Note: If you are filling the form on behalf of the Account Holder, please mention below your name and the capacity in which you are signing the Form and you should provide information relating to the Account Holder's citizenship and residence for tax purposes rather than your own

Name:

Capacity:

Part 4 OFFICE USE

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

Department/Service Unit Seal: