



SELF-CERTIFICATION FORM – INDIVIDUAL

PART 1: CUSTOMER DETAILS

CIF:	
First Name:	
Surname:	
Date of Birth:	
Country of Birth:	
Residential Address:	

PART 2: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Please tick (✓) as appropriate - Numbers in brackets () are related to Section A		Yes	No
(a)	Are you a US citizen?		
(b)	Do you have a US Green Card? ⁽¹⁾		
(c)	Are you taxable in US? ⁽²⁾		
(d)	Were you born in US?		
(e)	Do you have a US passport? ⁽³⁾		
(f)	Is your country of residence US?		
(g)	Do you have a current US residence or mailing address? ⁽⁴⁾		
(h)	Do you have a current US landline phone number? ⁽⁵⁾		
(i)	Do you maintain an "in care of" or a "hold mail" US address? ⁽⁶⁾		
(j)	Have you lived or worked in US during the past 3 years? ⁽⁷⁾		
(k)	Do you have any income from US source? ⁽⁸⁾ (See Note A)		
(l)	Do you have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address? ⁽⁹⁾		
(m)	Have you granted signatory authority to a person with US address? ⁽¹⁰⁾		
(n)	Do you have 10% or more interest by vote or value in a US company? ⁽¹¹⁾		

Note A: Income can be interest, dividend, rent, salary, wage, premium, annuities, compensations, remuneration, emoluments and other fixed or determinable annual or periodic gains, profits and income from US sources. Also include gross proceeds from sale or other disposition of any property of a type which can produce interest or dividend from US sources.

If you have answered "Yes" to any of the above, please complete this section. Write N/A where not applicable.

SECTION A: ADDITIONAL INFORMATION

1	US Green Card No			
2	US Tax Identification Number (TIN)			
3	US Passport No			
4	US residence or mailing address			
5	US landline phone number			
6	US "in care of"/ "hold mail" address			
7	Dates you have been in US during the past 3 years and reasons for stay (Current year and 2 preceding years)			
8	Type of income			
9	Purpose/Type of transfer of fund			
10	Name/s and address/es of US Authorised Signatory			
11	Name/s of US company in which you have 10% or more interest by vote or value			

Customer: I am/am not a US citizen or US resident or taxable under the US laws. (Please delete as appropriate)



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PART 3: COMMON REPORTING STANDARD (CRS)

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 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	TAN/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 4: DECLARATION AND SIGNATURE

I confirm that all the information provided above is true and correct.

I understand it is my responsibility to inform SBM Bank (Mauritius) Ltd of any changes regarding my personal and tax status.

I am aware that SBM Bank (Mauritius) Ltd shall be required to disclose and report to competent tax authorities any personal information, financial account information or any additional due diligence information obtained from me in compliance with the **FATCA and CRS regulations**.

Customer Name:

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:

OFFICE USE

FATCA classification: Customer is: Reportable Non-Reportable

Processed by: Staff ID: Signature: Date:

Verified by: Staff ID: Signature: Date:

UNIT SEAL