SBM

ENTITY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ASSESSMENT FORM

Entity Name: ..... **CIF:** .....

Section A: Entity Classification

	Please tick
1. Foreign Financial Institution GIIN for Company..... In case of Sponsored Foreign Financial Institution, Name of Sponsoring Entity.....	☐
2. Active Non-Financial Foreign Entity	☐
3. Passive Non-Financial Foreign Entity - If Section A (3) has been selected, to complete Section B, C & D	☐

Section B: Indicia of US Entity

	Please tick as appropriate. In case you have answered "Yes", please complete Section C (on right side). Write N/A where not applicable	Yes	No	Section C
a	Is the Entity incorporated in the United States?	☐	☐	
b	Does the Entity have a US registered office address or mailing address?	☐	☐	
c	Does the Entity maintain an "In Care of" or a "hold mail" US address?	☐	☐	
d	Does the Entity have a current US Landline phone number?	☐	☐	
e	Does the Entity have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from US Address?	☐	☐	To specify Purpose/Type of Transfer of Fund: .....
f	Does the Entity derive income from any US Source? See Note A below	☐	☐	To specify Type of Income: .....
g	Has the entity granted a power of attorney or signatory authority to a person with a US Address?	☐	☐	Name: ..... Address: .....
h	Is the Entity Taxable in the US?	☐	☐	US Tax Identification Number (TIN):
i	Is the Entity a subsidiary of any company located in the US?	☐	☐	Name of Holding Company:
j	Does the Entity have any substantial US Owner (US person (Shareholder) with 10% or more interest by vote or value) and/or any Ultimate Beneficial Owner (UBO) with US citizenship? (If Yes, kindly Complete Section D)			Name: ..... Address: ..... TIN: ..... Name: ..... Address: ..... TIN: .....

The entity is ☐ / is not ☐ an US Entity or taxable under the US laws.

Note: Income can be interest, dividend, rent, royalties, foreign currency gains, premium, annuities, compensations and other fixes 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.

Section D: Substantial US Owners

Name	Address	TIN

Section E: Declaration and Signature

I /We confirm that all the information provided above is true and correct.
I /We understand it is my responsibility to inform SBM Bank (Mauritius) Ltd of any changes regarding my personal and tax status.
I /We am/are 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/us in compliance with the FACTA regulations.

Name of Authorised Signatory: ..... Signature: ..... Date: .....

Name of Authorised Signatory: ..... Signature: ..... Date: .....

Section F: Office Use

FATCA Classification: Customer is	☐ Reportable	☐ Non-Reportable

Processed By: ..... User ID: ..... Signature: ..... Date: .....

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COMMON REPORTING STANDARD - SELF-CERTIFICATION FORM

Section A: Identification of Account Holder

Entity Name: ..... CIF: .....

Country of Incorporation or Organisation:

	Current Residence Address	Mailing Address (To complete if different from Current Residence)
Address Line 1:		
Address Line 2:		
City/Town:		
Postal Code / ZIP Code:		
Country:		

Section B: Type of Entity

1. Foreign Financial Institution ☐

GIIN for Company.....

In case of Sponsored Foreign Financial Institution, Name of Sponsoring Entity.....

2. Active Non-Financial Foreign Entity ☐

3. Passive Non-Financial Foreign Entity ☐

1. Foreign Financial Institution

Please tick type of Foreign Financial Institution below and if (a) (i) is selected, fill in
Section A and;
Section B for each Controlling Person disclosed in Section A.

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

Please provide, if held, the Account Holder's Global Intermediary Identification Number (GIIN) obtained for FATCA purposes:

						-						-			-			

2. Active Non-Financial Foreign Entity

Please tick type of Active Non-Financial Foreign Entity below:

(a)	Listed Companies Please specify the name of the securities market:	☐
(b)	Government Entity or Central Bank	☐
(c)	International Organisation	☐
(d)	Active NFE - Other than (a) to (c)	☐

3. Passive Non-Financial Foreign Entity	
Please fill in Section A and fill in "Controlling Perspn Self-Certification Form" separately for each person.	
Section A: Indicate the Name of the **Controlling Person(s)** of the Account Holder. **Note:** Controlling Person(s) is/are the natural person (s) who exercise(s) control over the entity through ownership interest of 20% 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.	
1	
2	
3	

Section C: Country of Residence for Tax Purposes and related TIN or Functional Equivalent

☐	(i) If the Account Holder is not Resident for tax purposes in any jurisdiction because, for example, it is fiscally transparent, please tick the checkbox 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 any jurisdiction, 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 of functional equivalent (hereafter referred to as "TIN") for each country indicated.

Country of Residence for Tax	TAN/TIN	If no TIN is available, enter Reason A, B or C	If Reason B is selected, explain why the Account Holder is unable to obtain a TIN

CRS Classification: Customer is ☐ Reportable ☐ Non-Reportable

Section D: Declaration and Signature

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

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

I/We hereby agree to advise SBM Bank (Mauritius) 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 and to provide a suitably updated self-certification reflecting such change in circumstances).

I/We am/are 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/us in compliance with the CRS regulations.

Name of Authorised Signatory: ..... Signature: ..... Date: .....

Name of Authorised Signatory: ..... Signature: ..... Date: .....

Section E: Office Use

Processed By: ..... User ID: ..... Signature: ..... Date: .....

Verified By: ..... User ID: ..... Signature: ..... Date: .....

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PART N: COMMON REPORTING STANDARD - CONTROLLING PERSON - SELF-CERTIFCATION FORM

Section A: Identification of Controlling Person

CIF:					
First Name:		Maiden Name (if applicable):		Last Name:	
Title:		Date of Birth:		Place of Birth	
				Town/City County	
NIC/Passport No.:		Passport Expiry Date:		Country	
Town/City of Birth:		Country of Birth:		Nationality:	
Telephone No.:		Mobile No.:		Fax No.:	

Current Residence Address		Mailing Address (If different from Current Residence Address)	
Address Line 1:		Address Line 1:	
Postal Code/ZIP Code:		Postal Code/ZIP Code:	
Address Line 2:		Address Line 2:	
Postal Code/ZIP Code:		Postal Code/ZIP Code:	
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:		Legal Name of Entity 4:	

Section B: Country of Residence for Tax Purposes and related TIN or Functional Equivalent

Please complete the following table indicating (i) the country where the Controlling Person is resident for tax purposes and Controlling Person's Taxpayer Identification Number of 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.

Country of Residence for Tax	TAN/TIN	If no TIN is available, enter Reason A, B or C	If Reason B is selected, explain why the Account Holder is unable to obtain a TIN

CRS Classification: Customer is ☐ Reportable* ☐ Non-Reportable

* If the Controlling Person is a tax resident in a country that is Reportable Jurisdiction(s), then please fill in the below table for **"Type of Controlling Person".**

Type of Controlling Person 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			
(b) Controlling Person of a Legal Person - Control by Other Means			
(c) Controlling Person of a Legal Person - Senior Management Official			
(d) Controlling Person of a Trust - Settlor			
(e) Controlling Person of a Trust - Trustee			
(f) Controlling Person of a Trust - Protector			
(g) Controlling Person of a Trust - Beneficiary			
(h Controlling Person of a Trust - Other			
(i) Controlling Person of a Legal Arrangement (Non-Trust) - Settlor - Equivalent			
(j) Controlling Person of a Legal Arrangement (Non-Trust) - Trustee - Equivalent			
(k) Controlling Person of a Legal Arrangement (Non-Trust) - Protector - Equivalent			
(l) Controlling Person of a Legal Arrangement (Non-Trust) - Beneficiary - Equivalent			
(i) Controlling Person of a Legal Arrangement (Non-Trust) - Other - Equivalent			

Section C: Declaration and Signature:

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

I/We acknowledge that the information provided on this form and information regarding the Controlling Person and any Reportable Account(s) may be provided 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 Controlling Person may be a tax resident where those countries (or tax authorities in those countries) have entered into

Agreements to exchange financial account information.

I/We certify that I/We am/are the Controlling Person or am authorised to sign for the Controlling Person, of all the account(S) held by the entity Account Holder to which this form relates.

I/We hereby agree to advise SBM Bank (Mauritius) 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 and to provide a suitably updated self-certification reflecting such change in circumstances).

I/We am/are 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 CRS regulations.

Name: ..... Signature: ..... Date: .....

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

Name: ..... Capacity: ..... Date: .....

Section D: Office Use

Processed By: ..... User ID: ..... Signature: ..... Date: .....

Verified By: ..... User ID: ..... Signature: ..... Date: .....