

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FORM – PERSONAL ACCOUNT

Annexure 1

Account Opening Form Supplement

**Indicia of US status**

Please confirm signatory’s FATCA status by checking the relevant box:

YES NO

Are you US citizen or resident?	<input type="checkbox"/>	<input type="checkbox"/>
Were you born in the U.S. (U.S. Place of Birth)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current US residence or mailing address?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have current US telephone number?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have standing instructions to pay amounts from the account to an account maintained in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you granted a current power of attorney or signatory authority to a person with a US address?	<input type="checkbox"/>	<input type="checkbox"/>
Do maintain only a US “in-care-of” or “hold mail” address?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any payment of interest, dividends, rents, salaries, wages, premiums, annuities, compensations, remunerations, emoluments, and other fixed or determinable annual or periodical gains, profits, and income from sources within the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any gross proceeds from the sale or other disposition of any property of a type which can produce interest or dividends from sources within the United States?	<input type="checkbox"/>	<input type="checkbox"/>

US Taxpayer Identification Number: \_\_\_\_\_ Foreign Tax Identification Number: \_\_\_\_\_

I hereby confirm that the information provided above is true, accurate and complete and the submitted documents are genuine and duly executed.

In addition to the General Terms and Conditions of the Bank and any other document governing my agreement with AfrAsia Bank Limited, subject to applicable local laws, I hereby consent for AfrAsia Bank Limited to share my information with domestic and overseas regulators and tax authorities where necessary to establish my tax liability in any jurisdiction.

I undertake to notify the Bank within 30 days if there is change in any information which has been provided to the Bank.

Client’s Name \_\_\_\_\_ Client’s Signature \_\_\_\_\_

Date \_\_\_\_\_

For Bank use only: To be filled by Relationship Manager/Customer Service Assistant

Bank’s assessment on customer’s FATCA classification : Customer is a  US  Non US

**Declaration and Acknowledgement**

CIF \_\_\_\_\_ RM/ CSA Signature \_\_\_\_\_ Date \_\_\_\_\_