

## Entity Self-Certification

### Instructions for completion

We are obliged under the St. Vincent and the Grenadines **Automatic Exchange of Financial Account Information (Common Reporting Standards) Act** and the Regulations, and Guidelines made pursuant to that Act, and treaties and agreements entered into by Saint Vincent and the Grenadines in relation to the automatic exchange of financial account information for tax matters (collectively “AEOI”), to collect certain information about each account holder’s tax status. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this form shall have the same meaning as applicable under the relevant St. Vincent and the Grenadines AEOI Regulations, Guidance Notes or international agreements.

If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please refer to the accompanying guidelines for completion or contact your tax advisor.

### PART I: General

#### Section 1: Account Holder Identification

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Legal Name of Entity/Branch	Country of incorporation/organisation
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#### Current Residence or Registered Address:

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Number & Street	City/Town
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State/Province/Country	Post Code	Country
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#### Mailing address (if different from above):

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Number & Street	City/Town
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State/Province/Country	Post Code	Country
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## PART II: ENTITY TYPE

### Section 2: CRS Classification

Please tick and complete as appropriate.

2.1

(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 Part 2(2) below)*

- (ii) Other Investment Entity

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

*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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(c) Active NFE – a corporation the stock of which is regularly traded on an established security market or a corporation which is a related entity of such a corporation

*If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded:*

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*If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of:* \_\_\_\_\_

(d) Active NFE – a Government Entity or Central Bank

(e) Active NFE – an International Organisation

(f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE) (c) (d)

(g) Passive NFE *(Note: if ticking this box please also complete Part 2(2) below)*

2.2 If you have ticked **1(a)(i)** or **1(g)** above, then please:

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

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- b. **Complete** “Controlling Person tax residency self-certification form” for each Controlling Person.\*

### **PART III: Common Reporting Standard**

#### **Section 3: Declaration of All Tax Residency [repeat any residences indicated in Part II, section 2 (US)]**

Please indicate the Entity’s place of tax residence (if resident in more than one jurisdiction please detail all jurisdictions and associated tax reference number type and number).

For the purpose of the Common Reporting Standard (CRS), all matters in connection with residence are determined in accordance with the CRS and its commentaries.

If an entity has no residence for tax purposes please indicate the jurisdiction in which its place of effective management is situated. Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent and indicate the reason below.

<b>Jurisdiction(s) of tax residency</b>	<b>Tax reference number type</b>	<b>Tax reference number (e.g. TIN)</b>

**If applicable, please specify the reason for non-availability of a tax reference number:**

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#### **Entity Declaration and Undertakings**

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete. I/we undertake to advise the recipient promptly and provide an updated Self-Certification form with 30days where any change in circumstances occurs, which cause any of the information contained in this form to be

inaccurate or incomplete. Where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

I/we acknowledge that it is an offence to make a self-certification that is false in a material particular.

Authorised Signature: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part IV: Controlling Persons**  
**(Please complete for each Controlling Person who is a natural person)**

**Section 6 – Identification of a Controlling Person**

**6.1 Name of Controlling Person:**

Family Name or Surname(s): \_\_\_\_\_

First or Given Name: \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

**6.2 Current Residence Address:**

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

\_\_\_\_\_

Line 2 (e.g. Town/City/Province/Country/State)

\_\_\_\_\_

Country: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_

**6.3 Mailing Address:** (Please complete if different from 6.2)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

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Line 2 (e.g. Town/City/Province/Country/State)

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Country: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_

**6.4 Date of birth<sup>1</sup> (dd/mm/yyyy)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**6.5 Place of birth<sup>2</sup>**

Town or City of Birth: \_\_\_\_\_

Country of Birth \_\_\_\_\_

**6.6 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** \_\_\_\_\_

**Section 7- Jurisdiction of Residence for Tax Purpose and related Taxpayer Reference Number or functional equivalent (“TIN”)**

Please complete the following table indicating:

- (i) Where the Controlling Person is tax resident;
- (ii) The controlling Person’s TIN for each jurisdiction indicated,<sup>3</sup> and,
- (iii) If the Controlling Person is a tax resident in a jurisdiction that is a Reportable Jurisdiction(s) then please also complete **section 10 “Type of Controlling Person”**.

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1 The Controlling Person’s date of birth is not required to be collected if the Controlling Person is not a Reportable Jurisdiction Person

2 The Controlling Person’s place of birth is not required to be collected if the Controlling Person is not a Reportable Jurisdiction Person

3 The Controlling Person’s TIN is not required to be collected if the Controlling Person is not a Reportable Jurisdiction Person

*If the Controlling Person is tax resident in more than three Jurisdictions please use a separate sheet*

	Jurisdiction(s) of tax residency	Tax reference number type	Tax reference number (e.g. TIN)
1			
2			
3			

**If applicable, please specify the reason for non-availability of a tax reference number:**

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**Section 8 – Type of Controlling Person**

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Person's Status by ticking the appropriate box.	Entity 1	Entity 2	Entity3
a. Controlling Person of a legal person – control by ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling Person of a legal person – control by other means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Controlling Person of a legal person – senior managing official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Controlling Person of a trust – settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Controlling Person of a trust – trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Controlling Person of a trust – protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Controlling Person of a trust – beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Controlling Person of a trust – other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Controlling Person Declaration and Undertakings

- I acknowledge that the information contained in this form and information regarding the Controlling Person(s) and any Reportable Account(s) may be reported to the tax authorities of the jurisdiction in which this account(s) is/are maintained and exchange with tax authorities of another jurisdiction(s) in which [I/the Controlling Person] may be tax resident pursuant to international agreements to exchange financial account information.
- I certify that either (a) I am the Controlling Person, or am authorized to sign for the Controlling Person, of all the account(s) held by the entity Account Holder to which this form relates; or (b) I am authorized by the Account Holder to make this declaration.
- **I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.**
- I acknowledge that it is an offence to make a self-certification that is false in a material particular.
- I undertake to advise the recipient within 30 days of any change in circumstances which affects the tax residency status of the individual identified in part IV of this form or causes the information contained herein to become incorrect, and to provide the recipient with a suitably updated self-certification and Declaration within 30 days of such change in circumstances

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** If you are not the Controlling Person, and not authorized to sign the Declaration on behalf of the Account Holder, please indicate the capacity in which you are signing the form on behalf of the Controlling Person. If signing under a power of attorney or other equivalent written authorisation, on behalf of the Controlling person, please also attach a certified copy of the power of attorney or written authorisation.

Capacity: \_\_\_\_\_