

# Individual (Controlling Person's) Self Certification Form for CRS



**FIMBANK**

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EU Council Directive 2014/107/EU and the Common Reporting Standards in terms of Art 96(2) of the Income Tax Act (Chapter 123 of the Laws of Malta), require FIMBank plc to collect and report certain information about an account holder's tax residency.

To enable FIMBank plc to comply with its obligation to report under the referred legislation, you are required to state the residency for tax purposes of the person or persons entitled to the income and assets associated with this account.

In this form these persons, along with the controlling persons of an entity are referred to as the "Account Holder(s)" and in all cases their details should be entered in Part 1 of the form.

If you are not the Account Holder but have legal authority to complete this form on the Account Holder's behalf then you should also complete Part 2 of this form with your details.

**Please note:**

You are required to complete all relevant sections in relation to all known accounts held with FIMBank Group and to provide any additional information and/or documents as requested to evidence the declaration made.

Do not use this form if the Account Holder is an Entity. Instead you should complete and provide the Self Certification Form of New Entity Account Holders.

If you are a Controlling Person of an entity, you should complete this form with your details.

Where there are joint account holders, each individual is required to complete a separate Self Certification form

If any of the information below about your tax residency changes, you are required to provide FIMBank plc with a new updated self-certification form within 30 days of such change in circumstances.

*If you have any remaining questions about how to complete this form or about how to determine your tax residency status you should contact your tax adviser or local tax authority.*

**Part 1 – Identification of Account Holder(s)**

*(For multiple account holders, use a separate sheet for each.)*

**A. Name of account holder:**

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

Title: \_\_\_\_\_

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

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

**B. Permanent Residence Address:**

Line 1 (e.g. Number and Street) \_\_\_\_\_

Line 2 (e.g. Town) \_\_\_\_\_

City: \_\_\_\_\_

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

Postal Code/ZIP: \_\_\_\_\_

**C. Mailing Address (if different from above):**

Line 1 (e.g. Number and Street) \_\_\_\_\_

Line 2 (e.g. Town) \_\_\_\_\_

City: \_\_\_\_\_

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

Postal Code/ZIP: \_\_\_\_\_

**D. Place & Date of birth:**

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

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

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

## Part 2 – Details of the signatory of this form

(Only complete if you are not the Account Holder identified in Part 1 and are completing this form on their behalf through a legal authority)

### A. Your Name:

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

Title: \_\_\_\_\_

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

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

### B. Permanent Residence Address:

Line 1 (e.g. Number and Street) \_\_\_\_\_

Line 2 (e.g. Town) \_\_\_\_\_

City: \_\_\_\_\_

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

Postal Code/ZIP: \_\_\_\_\_

### C. Place & Date of birth:

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

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

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

## Part 3 – Residency For Tax Purposes of the Account Holder

A. The Account Holder is a resident for tax purposes of (country): \_\_\_\_\_

B. I further certify that the Account Holder's Taxpayer Identification Number ("TIN") in the country of residence is: \_\_\_\_\_

C. The country of residence does not issue TINs to its residents (tick box if relevant)

D. I am otherwise unable to obtain a TIN from the Account Holder's country of residence (tick box if relevant)

## Part 4 – Confirmation of Sole Residency

I certify that for the purposes of taxation I/the Account Holder is not tax resident in any other country other than the country indicated in Part 3 above.

(If ticking this statement in Part 4 please proceed to Part 6, otherwise please proceed to Part 5 of this form.)

## Part 5 – Additional Residency Information (if applicable)

For the purposes of taxation, I certify that in addition to the country set out in Part 3 I/the Account Holder is tax resident in the following countries and my/the account holder's TIN in each additional country is set out below

or

I have ticked the box to indicate that a TIN is unavailable:

(use a separate sheet if tax resident in more than two additional countries)

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

TIN: \_\_\_\_\_

or TIN Unavailable:

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

TIN: \_\_\_\_\_

or TIN Unavailable:

## Part 6 – Declarations and Signature

- I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing my/the Account Holder's relationship with FIMBank plc setting out how FIMBank plc may use and share the information supplied by me to FIMBank plc.
- I acknowledge and agree that information contained in this form and information regarding income paid or credited to or for the benefit of the account(s) set out above may be reported to the tax authorities of the country in which the account is maintained and that those tax authorities may provide the information to the country or countries in which I/the Account Holder is resident for tax purposes.
- I undertake to advise FIMBank plc promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide FIMBank plc with a suitably updated Declaration within 30 days of such change in circumstances.
- I certify that I am the Account Holder or authorised person to sign for the individual that is the Account Holder of all the income to which this form relates.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

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

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

Date: \_\_\_\_\_

If you are signing this form on behalf of the Account holder please indicate the capacity in which signed.

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

If signing under a power of attorney, please also attach a copy of the power of attorney.