

## **Individual Self-Certification**

### ***Instructions for completion***

We are obliged under the Tax information Authority Law, the Regulations, and Guidance Notes made pursuant to that Law, and treaties and intergovernmental agreements entered into by **Trinidad and Tobago** in relation to the Common Reporting Standards (CRS), 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 **Trinidad and Tobago** Regulations, Guidance Notes or international agreements.

If any of the information below regarding your tax residence 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 contact your tax advisor.

Please note that where there are joint account holders each investor is required to complete a separate Self-Certification form.

### **Section 1: Account Holder Identification**

/      /

---

|                     |                            |                            |
|---------------------|----------------------------|----------------------------|
| Account Holder Name | Date of Birth (dd/mm/yyyy) | Place and Country of Birth |
|---------------------|----------------------------|----------------------------|

#### **Permanent Residence Address:**

---

|                 |           |
|-----------------|-----------|
| Number & Street | City/Town |
|-----------------|-----------|

---

|                       |           |         |
|-----------------------|-----------|---------|
| State/Province/County | Post Code | Country |
|-----------------------|-----------|---------|

#### **Mailing address (if different from above):**

---

|                 |           |
|-----------------|-----------|
| Number & Street | City/Town |
|-----------------|-----------|

---

|                       |           |         |
|-----------------------|-----------|---------|
| State/Province/County | Post Code | Country |
|-----------------------|-----------|---------|

### **Section 2: Declaration of Tax Residency (other than U.S.)**

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

| Country/countries of tax residency | Tax reference number type | Tax reference number |
|------------------------------------|---------------------------|----------------------|
|                                    |                           |                      |
|                                    |                           |                      |
|                                    |                           |                      |

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number:

---

#### Section 4: Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

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

Signature:

---

Date (dd/mm/yyyy):

/ /

---