

:									
Individual FATCA and CRS Self Certification Form									
Please tick 'Yes' where applicable to you. To be provided by all account signatories									
1. FATCA Tax Residency The Government of the United States of America passed a law in March 2010 under the Foreign Account Tax Compliance Act (FATCA) requiring disclosure on the existence of all accounts held by United States nationals and of any persons or entities to which the following indicia are applicable. Please tick where appropriate pertaining to your U.S. status.									
a. Are you a permanent resident of the United Stated of America (USA) or a USA Citizen (i.e. Holder of a US Green card or US Passport)									
 b. Are you required to file a tax return in the US? c. If 'Yes' to any of the above, kindly provide your US Tax Identificative. your Social Security Number or Individual Taxpayer Identification. 				•	1)	Yes	□No		
FATCA Indicia (Please check if any of the fo	ollowing apply to you)	:	1	T					
FATCA Indicia		Yes	No	If Yes, Pro	ovide [Details			
a. US place of birth									
b. US mailing or residential address			Щ						
c. US telephone number		Н	Щ						
 d. Standing instructions to transfer funds to a U.S. account e. Power of Attorney or signatory authority granted to a U.S. person 									
f. Hold mail or c/o address in the U.S.									
Trinidad & Tobago Government Regulations that took effect on 1 following information from their customers. This is known as the a. Are you a tax resident of any country other than Trinidad & Tob. If 'Yes', please provide details below: Country of Tax Residence Tax Identification # (T			e Common Reportin			g Standard ('the CRS').			
3. Declaration and Certification									
 I certify that the information provided in this form is true, accurate, and complete to the best of my knowledge. I acknowledge and agree that the information contained in this form, along with details regarding the Account Holder and any Reportable Account(s), may be disclosed to the tax authorities of the country/jurisdiction where the account(s) is/are maintained. Such information may also be exchanged with tax authorities of other countries/jurisdictions where the Account Holder is a tax resident, in accordance with applicable laws, regulations, and Intergovernmental Agreements related to the exchange of financial account information. I hereby consent to, authorize, and instruct ANSA Bank Limited to disclose and exchange such information as required by law. I expressly waive any rights or protections under applicable data protection, confidentiality, or other relevant laws to the extent necessary to facilitate such disclosures and exchanges. I undertake to promptly notify ANSA Bank Limited, within 30 days of any changes to my/our tax residency status or any updates to the information provided in this form. I agree to indemnify and hold ANSA Bank Limited harmless against any claims, penalties, or damages resulting from the provision of incorrect, incomplete, or misleading information in this form. 									
Customer's Signature Date									