



**CIF ACCOUNT – CORPORATE – 2018**

OFFICIAL USE ONLY	
CIF #:	
Acct #:	
Date:	
Branch:	-

Please review the information and indicate correctness by signing in the space provided below

CORPORATE DETAILS				
NAME OF ENTITY				
ADDRESS DETAILS				
ADDRESS: (LINE 1)		CITY:	COUNTRY:	ZIP CODE/POSTAL CODE:
PHONE NUMBER (BUSINESS):	PHONE NUMBER (BUSINESS):	FAX NUMBER:	MOBILE NUMBER	
EMAIL ADDRESS:		COUNTRY OF INCORPORATION/REGISTRATION:	COUNTRY OF INCORPORATION/REGISTRATION:	
TAX REPORTING JURISDICTION 1:	ENTITY TAX ID 1:	CUSTOMER GIIN (IF EXISTS):	TAX REPORTING JURISDICTION 2, IF APPLICABLE:	ENTITY TAX ID 2, IF APPLICABLE:

WHAT IS YOUR FATCA/CRS STATUS?	SELECT ONE
2=Non-FATCA Confirmed;	
3=Unclassified;	
6=Registered Deemed Compliant FFI;	
7=Owner Documented FFI;	
8=Certified Deemed Compliant Non-Registering Local Bank;	
9=Certified Deemed Compliant Non-Profit Organization;	
10=Certified Deemed Compliant FFI with only low value accounts;	
11=Foreign Government or Government of US Possession;	
12=Foreign Central Bank Issue;	
13=Entity Wholly Owned by Exempt Beneficial Owners;	
14=Excepted Non-Financial Holding Company;	
15=Excepted Start-up Company;	
16=Excepted Non-Financial Entity in Liquidation or Bankruptcy;	
17=Excepted Hedging;	
18=Financing Centre of Non-Financial Group;	
19=Restricted Distributor;	
20=Territory Financial Institution;	
21=Publicly Traded NFFE;	
22=Affiliate of Public Traded NFFE;	
23=Excepted Territory NFFE;	
24=Active NFFE;	
25=Passive NFFE;	
26=Passive NFFE with US Substantial Shareholder	
Please note the number of the status selected above in this box.	<b>CUSTOMER FATCA STATUS</b>

Do you have a mailing or physical address in a Participating Common Reporting Standards Country?	
Do you have a telephone number in a Participating Common Reporting Standards Country?	
Do you have standing instructions to transfer funds to an account maintained in a Participating Common Reporting Standards Country?	
Do you have power of attorney or signing authority for an account held in a Participating Common Reporting Standards Country?	
Do you have 'hold mail' instructions or 'care of' address for a Participating Common Reporting Standards Country?	
<b>Define the customer's Account Holder Type based on responses to questions above.</b> 1 - CRS101 Passive Non-Financial Entity with 1 or more controlling person(s) that is/are Reportable Person(s) 2 - CRS102 Reportable Person 3 - CRS103 Passive Non-Financial Entity that is a CRS Reportable Person 9 - Exempt (356 is a participating country, but this customer is exempt from reporting) 100 - This is a US individual account. 101 - FATCA101 = owner-documented FI w/specified US Owners(s) 102 - FATCA102 = passive non-financial entity 103 - FATCA103 = non-participating FFI 104 - FATCA104 = specified US person 105 - FATCA105 = direct reporting NFFE 201 - FATCA201 = recalcitrant account holders with US indicia 202 - FATCA202 = recalcitrant account holders w/out US indicia 203 - FATCA203 = dormant accounts 204 - FATCA204 = non-participating FFI 205 - FATCA205 = recalcitrant account holders that are US persons 206 - FATCA206 = recalcitrant account holders that are passive NFFEs	<b>ACCOUNT HOLDER TYPE</b>
Customer Type (F_704): Does your business offer Citizenship by Investment Programme (CIP) related services? Or do you anticipate conducting any CIP related transactions?	
Customer Type (F_704): Is your company affiliated or associated with any political/government/judiciary/military organization or official/person or the family member of same?	
Industry Classification: <input type="text"/>	

**AUTHORIZED SIGNATORIES DETAILS**

First Name, Middle Name(s), Surname	D.O.B (mm/dd/yyyy)	CIF#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Please complete the **Tax Residency Self-Certificate Form** and/or the required form based on Status:  
 (For Example: **W-8BENE**: Non-US Entity; **W-8ECI**: Foreign beneficial owner claiming income is connected with conduct of trade or business within the US; **W-8IMY**: Foreign partnership, simply trust, grantor trust or any person acting as an intermediary; **W-8EXP**: Foreign government, international organization, foreign central bank of issue, foreign tax exempt organization, foreign private foundation, or government of a US possession claiming income connected to US income or applicability of sections 115(2), 501c, 892, 895, 1143(b); **W-4 or 8233**: Beneficial owner who is receiving compensation for personal services performed in the US; **W-9** US Entity).

**Consult your financial or tax advisor to confirm the applicable form and to better understand how FATCA impacts you or your business.**

CONTROLLING PERSONS	
CIF ACCOUNT NUMBER:	TYPE OF CRS CONTROLLING PERSON:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

PERSON WITH SIGNIFICANT RESPONSIBILITY

SUBSTANTIAL SHAREHOLDERS OR BENEFICIAL OWNERS (25% OR MORE OWNERSHIP)	
CIF ACCOUNT NUMBER, IF 25% OR MORE OWNERSHIP	% OWNERSHIP

I hereby certify that the above information provided is true and complete.

Signature 1:  \_\_\_\_\_ Signature 2:  \_\_\_\_\_ (mm/dd/yyyy)

Signature 3:  \_\_\_\_\_ Signature 4:  \_\_\_\_\_

Signature 5: \_\_\_\_\_ Signature 6: \_\_\_\_\_

Signature 7: \_\_\_\_\_ Signature 8: \_\_\_\_\_

Signature 9: \_\_\_\_\_ Signature 10: \_\_\_\_\_

**BANK USE ONLY**

Prepared by: \_\_\_\_\_ Signature:  \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

Reviewed by ( Supervisor): \_\_\_\_\_ Signature:  \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

I hereby certify that this account has been duly reviewed and all mandated FATCA/CRS requirements have been obtained and placed in the account file.

Verifications Department: \_\_\_\_\_ Signature:  \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)



ACCOUNT TYPE: CIF

ACCOUNT NUMBER:

Account Name:		
CIF #: (#CIF_NO#)		
Name	INDICATE: Joint/Single/P.O.A. Limitation and Signature Assignment	Signature
		<input checked="" type="checkbox"/> Date:

Witnessed By: \_\_\_\_\_