



CIF ACCOUNT – CORPORATE – 2019

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?	<input type="checkbox"/>
Do you have a telephone number in a Participating Common Reporting Standards Country?	<input type="checkbox"/>
Do you have standing instructions to transfer funds to an account maintained in a Participating Common Reporting Standards Country?	<input type="checkbox"/>
Do you have power of attorney or signing authority for an account held in a Participating Common Reporting Standards Country?	<input type="checkbox"/>
Do you have 'hold mail' instructions or 'care of' address for a Participating Common Reporting Standards Country?	<input type="checkbox"/>
<b>FATCA Account Holder Type based on responses to questions above.</b> 0 - NON-FATCA 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	<b>FATCA ACCOUNT HOLDER TYPE</b>  <input type="checkbox"/>
<b>CRS Account Holder Type based on responses to questions above.</b> 0 - Do not report to CRS 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 8 - Individual, non-entity, to be reported in CRS 9 - Exempt from CRS (356 is a participating country, but this customer is exempt from reporting)	<b>CRS ACCOUNT HOLDER TYPE</b>  <input type="checkbox"/>
Does your business offer Citizenship by Investment Programme (CIP) related services? Or do you anticipate conducting any CIP related transactions?	<input type="checkbox"/>
Is your company affiliated or associated with any political/government/judiciary/military organization or official/person or the family member of same? If yes, explain. (Provide in letter if additional space is required)	<input type="checkbox"/>
Does your business have any type of pending legal matters, criminal charges or accusations of any nature against it in Antigua and Barbuda or any other country? If yes, explain. (Provide in letter if additional space is required)	<input type="checkbox"/>
Industry Classification:	<input type="checkbox"/>

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

PERSON WITH SIGNIFICANT RESPONSIBILITY NAME	PERSON WITH SIGNIFICANT RESPONSIBILITY CIF

SUBSTANTIAL SHAREHOLDERS OR BENEFICIAL OWNERS (25% OR MORE OWNERSHIP)		
NAME	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:

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

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