



CIF ACCOUNT – PERSONAL – 2019

OFFICIAL USE ONLY	
CIF #:	
Date Opened:	
Branch:	

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

ACCOUNT NAME	
	DATE OF BIRTH

ACCOUNT HOLDER CONTACT DETAILS		
PHONE NUMBER (HOME):	PHONE NUMBER (BUSINESS):	CELLULAR NUMBER:
CELLULAR/FAX NUMBER:	EMAIL ADDRESS:	

ACCOUNT HOLDER ADDRESS DETAILS				
ADDRESS: (LINE 1)				ZIP CODE/POSTAL CODE:
CITY:	COUNTRY:	COUNTRY OF BIRTH:	COUNTRY OF RESIDENCE:	COUNTRY OF WORK:
CLOSEST RELATIVE/FRIEND NOT LIVING WITH YOU NAME:		ADDRESS:	PHONE NUMBER:	
FOR NON-NATIONAL (s) (Please state your previous Mailing Address) ADDRESS:				PHONE NUMBER:

ACCOUNT HOLDER EMPLOYMENT DETAILS			
EMPLOYMENT STATUS:	OTHER (Specify)		
NAME OF BUSINESS/EMPLOYER:		ADDRESS OF BUSINESS/EMPLOYER:	
POSITION:	NO. OF YEARS EMPLOYED:	MONTHLY SALARY: \$	

ACCOUNT HOLDER IDENTIFICATION DETAILS		
IDENTIFICATION TYPE/NUMBER: -	DATE ISSUED:	DATE EXPIRED:

ACCOUNT HOLDER TAX RESIDENCY DETAILS	
CITIZENSHIP COUNTRY	COUNTRY OF DUAL CITIZENSHIP
PASSPORT NUMBER	COUNTRY OF ISSUE
COUNTRY FOR CRS JURISDICTION 1	TAX IDENTIFICATION NUMBER FOR CRS JURISDICTION 1
COUNTRY FOR CRS JURISDICTION 2	TAX IDENTIFICATION NUMBER FOR CRS JURISDICTION 2
US TAX IDENTIFICATION NUMBER:	SOCIAL SECURITY NUMBER/EMPLOYER IDENTIFICATION NUMBER, IF APPLICABLE:

ADDITIONAL CITIZENSHIP DETAILS 1 – Second Passport, US Green Card or other Citizenship ID Card				
ALT. COUNTRY OF CITIZENSHIP:	IDENTIFICATION NUMBER:	IDENTIFICATION TYPE:	DATE ISSUED:	DATE EXPIRED:
COUNTRY OF ISSUE:	ALT. COUNTRY OF RESIDENCE:	US/OTHER TELEPHONE NUMBER: (If Applicable)	US/OTHER ADDRESS: (If Applicable)	

ADDITIONAL CITIZENSHIP DETAILS 2 – Passport, US Green Card or other Citizenship ID Card				
ALT. COUNTRY OF CITIZENSHIP:	IDENTIFICATION NUMBER:	IDENTIFICATION TYPE:	DATE ISSUED:	DATE EXPIRED:
COUNTRY OF ISSUE:	ALT. COUNTRY OF RESIDENCE:	US/OTHER TELEPHONE NUMBER: (If Applicable)	US/OTHER ADDRESS: (If Applicable)	

ADDITIONAL CITIZENSHIP DETAILS 3 – Passport, US Green Card or other Citizenship ID Card				
ALT. COUNTRY OF CITIZENSHIP:	IDENTIFICATION NUMBER:	IDENTIFICATION TYPE:	DATE ISSUED:	DATE EXPIRED:

COUNTRY OF ISSUE:	ALT. COUNTRY OF RESIDENCE:	US/OTHER TELEPHONE NUMBER: (If Applicable)	US/OTHER ADDRESS: (If Applicable)	
ADDITIONAL CITIZENSHIP DETAILS 4 – Passport, US Green Card or other Citizenship ID Card				
ALT. COUNTRY OF CITIZENSHIP:	IDENTIFICATION NUMBER:	IDENTIFICATION TYPE:	DATE ISSUED:	DATE EXPIRED:
COUNTRY OF ISSUE:	ALT. COUNTRY OF RESIDENCE:	US/OTHER TELEPHONE NUMBER: (If Applicable)	US/OTHER ADDRESS: (If Applicable)	

ARE YOU A US/CRS PERSON?	Y=YES/N=NO
1. Do you have standing instructions to pay amounts to an account maintained in the US?	<input type="checkbox"/>
2. Do you have power of attorney or signatory authority for the account designed with a US address?	<input type="checkbox"/>
3. Have you stayed in the US for 183 days or more in the current year?	<input type="checkbox"/>
4. Do you have a mailing or residence address in a Participating Common Reporting Standards Country?	<input type="checkbox"/>
5. Do you have a telephone number in a Participating Common Reporting Standards Country?	<input type="checkbox"/>
6. Do you have standing instructions to transfer funds to an account maintained in a Participating Common Reporting Standards Country?	<input type="checkbox"/>
7. Do you have power of attorney or signing authority for an account held in a Participating Common Reporting Standards Country?	<input type="checkbox"/>
8. Do you have 'hold mail' instructions or 'care of' address for a Participating Common Reporting Standards Country?	<input type="checkbox"/>
FATCA Status based on responses to question 1 – 3 above. (FATCA STATUS: 0=Non-U.S. Person; 1=U.S. Person; 2=Non-FATCA Confirmed) If any responses are YES customer is to be classified as a US Person.*	CUSTOMER FATCA STATUS
Define the customer's FATCA Account Holder Type based on responses to questions 1 - 3 above. 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	FATCA ACCOUNT HOLDER TYPE
Define the customer's CRS Account Holder Type based on responses to questions 4 - 8 above. 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)	CRS ACCOUNT HOLDER TYPE
Are you affiliated or associated with any political party/government or agency/judiciary/military organization or official/person or the family member of same?	<input type="checkbox"/>
Are you a citizen via the Citizenship By Investment Programme (CIP)?	<input type="checkbox"/>
Are there any type of pending legal matters, criminal charges or accusations of any nature against you in Antigua and Barbuda or any other country?	<input type="checkbox"/>

NOTE: If you are a US national or resident, were born in the US, have a US mailing or residence address, have a US telephone number and/or have ticked YES to any questions above, please complete the Disclosure for US Persons form (W-9: US Citizen/Resident). If you ticked NO to all questions above, please complete the Tax Residency Self-Certificate Form. Consult your financial or tax advisor to confirm the applicable form and to better understand how FATCA/CRS impacts you or your business.

DECLARATION

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

Signature: _____ mm/dd/yyyy

Signature Specimen for CIF Number:

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:

Name	Signature
	<input checked="" type="checkbox"/>

Witnessed By: _____