Sagicor

Individual Self-Certification

Instructions for completion

Please read instructions carefully before completing the form

We are obliged under the inter-governmental agreement ("IGA") and any and all enactments supporting the implementation of the IGA to improve tax compliance and to implement the Foreign Account Tax Compliance Act ("FATCA") entered into by the government of the United States of America and the respective government of Jamaica in relation to the automatic exchange of information for tax matters. Regulations based on the OECD Common Reporting Standard ("CRS")"] require Financial Institutions to collect and report certain information about an account holder's tax residence. If you are tax resident outside the country where the account is held or is a U.S. Person, we may need to report this information, along with information relating to your account, with the relevant tax authorities.

Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances 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 IGA, CRS regulations and/or guidance notes.

If any of the information below about your tax residence or FATCA classification 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.

Personal banking clients and sole proprietors should complete this form. If you represent a business other than a sole proprietorship, please fill out and submit an Entity Self-Certification form.

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

Section 1: Account Holder Identification

Account Holder's Full 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 U.S. Citizenship or U.S. Residence for Tax purposes

Please tick either (a) **or** (b) **or** (c) and complete as appropriate.

(a) ☐ I confirm that **I am** a Specified U.S. Person[1] - U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:_____.

(b) ☐ I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) ☐ I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes.

State Country of Citizenship _____

Complete Section 3 if you have non-U.S. tax residences.

Section 3: 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 of tax residence	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.

Signature:	**Date: (dd/mm/yyyy):**
Print Name of Signatory:	**Capacity in which signatory is acting (if form is being signed on behalf of a minor):** ☐ **Parent** ☐ **Legal Guardian** ☐ **Trustee** ☐ **Individual Authorized by the Courts**

[1] A Specified U.S. person means:

a) US Citizens (whether residing in the U.S. or overseas)
b) Dual Citizen, one of which is US citizenship
c) Green Card holders
d) U.S. Passport holders
e) US Resident for tax purposes or Non-US citizen who meets the substantial presence test (have stayed in the U.S. for several consecutive days during the past three (3) years). To meet this requirement, you must be physically present in the US for at least:
   (a) 31 days during the current year, and
   (b) 183 days during a 3-year period that includes the current year and the 2 years immediately before, counting:
      - All the days you were present in the current year, and
      - 1/3 of the days you were present in the first year before the current year, and
      - 1/6 of the days you were present in the second year before the current year.

The Following Section is to be completed by the Sagicor Team Member

Section 5: Sagicor Team Member Certification

Following my assessment of the AML/KYC information and documentation provided by the client, I confirm that the self-certification provided above seems:

[ ] Reasonable

[ ] **Unreasonable** and the client requested to provide a revised Self-Certification. Please complete additional information in the shaded area below.

Signature: Date: (dd/mm/yyyy):	If '**Unreasonable**' is selected, please give reasons for this selection:
Print Name:	Capacity: