



MONEYMASTERS

SELF CERTIFICATION OF RESIDENCY FORM

The information on this form will be used to comply with the requirements of the Common Reporting Standard ("CRS") and Foreign Account Tax Compliance Act ("FATCA")

CLIENT INFORMATION

Section 1: Account Holder Identification

Account Holder Name Date of Birth (dd/mm/yyyy) Country of Birth

Permanent Residence Address:

Number & Street City /Town Parish

State/Province/ Country Post Code

Mailing Address (if different from above):

Number & Street City/Town Parish

State/Province/ Country Post Code

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 (an American citizen, dual citizen, lawful permanent resident (Green Card Holder) or resident under the substantial presence test a partnership or corporation created or organized in the United States or under the law of the United States or of any State,) and my U.S. federal taxpayer identifying number (U.S TRN) is as follows:

(b) I confirm that I was born in the U.S. (or a U.S. territory) but I 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 Specified U.S. Person.



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Section 3: Declaration of Tax Residency (other than U.S.)

Complete this section if you are a resident or citizen of any other country (or countries) other than the United States. I hereby confirm that I am, for tax purposes, a resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country/countries of tax residency	Tax reference type (eg. TRN, SSN, TIN)	Tax Reference Number/Tax Identification Number	If TIN or equivalent is unavailable, please state reason

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 TAX ADMINISTRATION JAMAICA (TAJ)

Signature

Date

Capacity in which signatory is acting (if form is not signed by beneficial owner)

STAFF MEMBER CERTIFICATION: Based on my assessment of the AML/KYC information and documentation provided by the above-mentioned client, I confirm that the self-certification provided seems (reasonable/unreasonable).

Name of Staff Member

Signature

Date

** Please note that the MML may be legally required to report information provided in this form and other financial information about the financial account(s) to which this form relates to the Tax Administration of Jamaica ("TAJ"). In turn, TAJ may exchange the reported information with the tax authorities in the country or countries in which you are a tax resident.*

If you have any questions about determining your tax residency status, please contact a professional Tax Adviser or visit the OECD website: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

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