

CRS Self-Certification Form (Individual)

CIF (for bank use) : 01190002 _____

Important Notes:

- This is a self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Financial Service Bureau and/or other related public authorities in the Macau Special Administrative Region, and for transfer to the tax authority of another jurisdiction in which the account holder may be resident.
- An account holder should report all changes in his/her tax residency status to the reporting financial institution within 30 days of such change in circumstances.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (*) are required to be reported by the reporting financial institution to the Financial Service Bureau and/or other related public authorities in the Macau Special Administrative Region.

Part 1 Identification of Individual Account Holder (For joint or multiple account holders, complete a separate form for each individual account)	
(1) Name of Account Holder*	(Mr/Mrs/Ms/Miss)
(2) Macau Identity Card or Passport Number	
(3) Current Residence Address*	Country*:
(4) Mailing Address (if different to the current residence address)	Country :
(5) Date of Birth * (dd/mm/yyyy)	
(6) Place of Birth	

Part 2 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) *			
Complete the following table indicating (a) the jurisdiction of residence (including Macau) where the account holder is a resident for tax purposes and (b) the account holder’s TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence. If a TIN is unavailable, provide the appropriate reason A, B or C:			
Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.			
Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.			
Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.			
Jurisdiction of Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why the account holder is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

Part 3 Declarations and Signature
I acknowledge and agree that (a) the information contained in this form , which has been provided and explained to me by the Bank prior to signing this form, is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the financial institution to the Financial Services Bureau and/or other related public authorities in the Macau Special Administrative Region and exchanged , by way of transfer to outside the Macau Special Administrative Region, with the tax authorities of another country/countries and jurisdiction(s) in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information of Macau Special Administrative Region. I certify that I am the account holder / I am authorized to sign for the account holder # of all the account(s) to which this form relates. I undertake to advise the Bank of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Bank with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.	
Signature X _____	Capacity _____
Name Date (dd/mm/yyyy) # Delete as appropriate	(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.)

Part 4 For bank use only		
附件/備註欄(如有,請註明): _____	客戶經理/分行經辦確認 (部門/姓名/簡簽):	錄入經辦(簡簽):
根據 AML/KYC 程序所收集的文件, 確認自證證明資料合理性的原因 (如有,請註明): _____	已確認自證證明資料合理性	覆核確認(簡簽):