FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FORM – PERSONAL ACCOUNT

Account Opening Form Supplement

Indicia of US status

Please confirm signatory's FATCA status by checking the relevant box:

	Yes	No
Are you US citizen or resident?		
Were you born in the U.S. (U.S. Place of Birth)?		
Do you have a current US residence or mailing address?		
Do you have current US telephone number?		
Do you have standing instructions to pay amounts from the account to an account maintained in		
the United States?		
Have you granted a current power of attorney or signatory authority to a person with a US		
address?		
Do maintain only a US "in-care-of" or "hold mail" address?		
Do you receive any payment of interest, dividends, rents, salaries, wages, premiums, annuities,		
compensations, remunerations, emoluments, and other fixed or determinable annual or		
periodical gains, profits, and income from sources within the United States?		
Do you receive any gross proceeds from the sale or other disposition of any property of a type		
which can produce interest or dividends from sources within the United States?		
For the purposes of taxation, I am a resident or citizen in the following country/ies:		
US Taxpayer Identification Number: Foreign Tax Identification Number:		
I hereby confirm that the information provided above is true, accurate and complete and	the sub	mitted
documents are genuine and duly executed.		
In addition to the General Terms and Conditions of the Bank and any other document governing my agreement		
with Bank One Limited, subject to applicable local laws, I hereby consent for Bank One Limited to share my		
information with domestic regulators and tax authorities where necessary to establish my tax $% \left(1\right) =\left(1\right) \left(1\right) \left($	liability	in any
jurisdiction.		
I undertake to notify the Bank within 30 days if there is change in any information which has been p	provided	to the
Bank.		
Client's Name Date:		
For Bank use only:		
Bank's assessment on customer's FATCA classification, Customer is reportable: Yes 🗖 No 🗖		
CIF Relationship Manager Signature Date		