

## Entity tax residency self-certification FORM

### Part 1 – Identification of Account Holder

**A. Legal Name of Entity/Branch** \_\_\_\_\_

**B. Country of incorporation or organisation** \_\_\_\_\_

**C. Current Residence Address**

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any) \_\_\_\_\_

Line 2 (e.g. Town/City/Province/County/State) \_\_\_\_\_

Country \_\_\_\_\_

Postal Code/ZIP Code (if any) \_\_\_\_\_

**D. Mailing Address** (please only complete if different to the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any) \_\_\_\_\_

Line 2 (e.g. Town/City/Province/County/State) \_\_\_\_\_

Country \_\_\_\_\_

Postal Code/ZIP Code (if any) \_\_\_\_\_

### Part 2 – Entity Type *Please provide the Account Holder’s Status by ticking one of the following boxes.*

<b>1</b>	<p><b>(a) Financial Institution – Investment Entity</b></p>	
	<p style="padding-left: 20px;"><b>i.</b> An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution <i>(Note: if ticking this box please also complete <b>Part 2(2)</b> below)</i></p>	YES/NO
	<p style="padding-left: 20px;"><b>ii.</b> Other Investment Entity</p>	YES/NO
	<p><b>(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company.</b></p>	YES/NO
<p>If you have ticked <b>(a)</b> or <b>(b)</b> above, please provide, if held, the Account Holder’s Global Intermediary Identification Number (“GIIN”) obtained for FATCA purposes. Global Intermediary Identification Number (“GIIN”): _____</p>		
	<p><b>(c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation</b></p>	YES/NO
<p><i>If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded: _____</i></p> <p><i>If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of: _____</i></p>		
	<p><b>(d) Active NFE – a Government Entity or Central Bank</b></p>	YES/NO
	<p><b>(e) Active NFE – an International Organisation</b></p>	YES/NO
	<p><b>(f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)</b></p>	YES/NO
	<p><b>(g) Passive NFE (Note: if ticking this box please also complete <b>Part 2(2)</b> below)</b></p>	YES/NO
<b>2</b>	<p>If you have ticked <b>1(a)(i)</b> or <b>1(g)</b> above, then please:</p> <p style="padding-left: 20px;"><b>a. Indicate the name</b> of any Controlling Person(s) of the Account Holder:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	<p><b>b. Complete “Controlling Person tax residency self-certification form”</b> for each Controlling Person.</p>	

	<i>Please see the definition of Controlling Person in Glossary</i>	
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**Part 3 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)**

Please complete the following table indicating

- (i) where the Account Holder is tax resident and
- (ii) the Account Holder’s TIN for each country/Reportable Jurisdiction indicated.

*If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.*

*If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet.*

If a TIN is unavailable please provide the appropriate reason **A, B or C where appropriate:**

- Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
- Reason B** – The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- Reason C** – No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A,B or C
1			
2			
3			

*Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.*

1	
2	
3	

#### **Part 4 – Declaration and Signature**

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with **Atonline Limited** setting out how **Atonline Limited** may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

**I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.**

I undertake to advise Atonline Limited within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide Atonline Limited with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: (dd/mm/yyyy) \_\_\_\_\_

**Note:** Please indicate the capacity in which you are signing the form (for example 'Authorised Officer').

If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: \_\_\_\_\_