

Controlling Person Tax Residency

Self-Certification Form CRS-I

CIF: Name:





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Part 1 – Identification of a Controlling Person

A.	Name of Controlling Person	
Fan	nily Name or Surname(s)	
Title - Mr. Mr.s M.s Miss.		
Nar	me	
Middle Name(s)		
В.	Current Residence Address:	
	e 1 House/Apt/Suite me, Number, Street	
Cou	untry/P.O.Box	
C.	Mailing Address: (please only Section B above)	complete if different from the address shown in
Line 1 House/Apt/Suite Name, Number, Street		
	e 2 Town/City Province/ unty/State	
Cou	untry/P.O.Box	
D.	Date of birth	
E.	Place of birth Town or City of Birth	
Cou	untry of birth	
F.	Please enter the legal name of Controlling Person	of the relevant entity Account Holder(s) of which you are a
Legal name of Entity 1		
Leg	al name of Entity 2	



Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification number or functional equivalent ("TIN") (See Appendix)

Please complete the following table indicating:

- where the Controlling Person is a tax resident;
- the Controlling Person's TIN for each country indicated; and
- If the Controlling Person is tax resident in a country that is a Reportable Jurisdiction(s) then please also complete part 3 "type of Controling Person".

If the Controlling Person is tax resident in more than three countries please use a separate sheet If a TIN is unavailable please provide the appropriate reason A, B or C:

Reason A The country where the Controlling Person is liable to pay tax 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 authorities of the country of tax residence entered below do not require the TIN to be disclosed)

Country 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 3 – Type of Controlling Person

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Person's Status by ticking the appropriate box.		Entity 1	Entity 2	Entity 3
a.	Controlling Person of a legal person – control by ownership			
b.	Controlling Person of a legal person – control by other means			
C.	Controlling Person of a legal person – senior managing official			
d.	Controlling Person of a trust - settlor			
e.	Controlling Person of a trust – trustee			
f.	Controlling Person of a trust – protector			
g.	Controlling Person of a trust – beneficiary			
h.	Controlling Person of a trust – other			
i.	Controlling Person of a legal arrangement (non-trust) – settlor-equivalent			
j.	Controlling Person of a legal arrangement (non-trust) – trustee-equivalent			
k.	Controlling Person of a legal arrangement (non-trust) – protector-equivalent			
l.	Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent			
m.	Controlling Person of a legal arrangement (non-trust) – other-equivalent			



Part 4 - Declarations 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 SICO setting out how SICO may use and share the information Supplied by me.

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

I certify that I am the Controlling Person (or I am authorized to sign for the Controlling Person of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to SICO and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

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 SICO within 30 days 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 SICO with a suitably updated selfcertification and Declaration within 90 days of such change in circumstances.

Name	
Signature	
Date	
,	Person please indicate the capacity in which you are signing of attorney please also attach a certified copy of the power of
Capacity:	