



Solid Past. Secure Future.

Tel: 876-929-5142 Toll Free: 888-225-5472
8-10 Eureka Road, Kingston 5

TAX RESIDENCY INDIVIDUAL SELF-CERTIFICATION FORM

Individual Self-Certification

First Heritage Co-operative Credit Union Limited (FHCCU) is required to collect the information on this form to be able to open or maintain a financial account for you. Please note that in certain circumstances we may be obliged to share this information with the relevant tax authorities as stipulated by the Common Reporting Standard. **Failure to complete and return this form will result in possible closure of the account. Provision of false information may result in the levying of a fine by the relevant authorities.**

Please complete the sections below as directed and provide any additional information that is requested. If any of the information below about your tax residence changes in the future, please ensure you advise us of these changes promptly. Please note that where there are joint account holders each Account Holder is required to complete a separate Self-Certification Form.

Section 1: Account Holder Information

Account Holder's Full Name: Date of Birth (dd/mm/yyyy): Place and Country of Birth:

Permanent Residence Address:

Number & Street

City/Town

State/Province/County

Post Code

Country

Mailing Address (if different from above):

Number & Street

City/Town

State/Province/County

Post Code

Country

Contact Number:

Email Address:

Section 2: Declaration of Citizenship or Residence for Tax Purposes

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax identification number and type applicable in each country).

COUNTRY/COUNTRIES OF TAX RESIDENCY	TAX IDENTIFICATION NUMBER	TYPE OF TAX IDENTIFICATION (eg. TIN, SIN etc.)

Please indicate **“not applicable (N/A)”** if jurisdiction does not issue or you are unable to procure a tax identification number or functional equivalent and specify below the reason for non-availability of a tax identification number.

(Eg. The country of residency does not provide a TIN OR you have applied for and are awaiting receipt of your TIN)

Section 3: 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 relevant tax information authorities.

Signature:	Date (dd/mm/yyyy):
Print Name of Signatory:	Capacity in which signatory is acting if not the member: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Trustee <input type="checkbox"/> Individual Authorized by the Courts

Section 4: For Internal Use Only

Credit Union Personnel Certification:

Following my assessment of the AML/CFT information and documentation provided by the Account Holder, I confirm that the self-certification provided above seems:

Reasonable

Unreasonable; Account Holder requested to provide a revised Self-Certification Form.

Signature:	Date (dd/mm/yyyy):
Print Name of Signatory:	If ‘Unreasonable’ is selected, please give reasons for this selection