



Personal Customer
Relationship
Information Form



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FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

For Bank Use Only **RIM No:**

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New Customer Existing Customer

1. GENERAL INFORMATION

First Name		Middle Name		Last Name	
Title (Dr. Hon. Master Mr. Miss Mrs.)		Maiden Name		Mother's Maiden Name	
Country of Birth (do not abbreviate)		Date of Birth <small>MM/DD/YYYY</small>		National Insurance Number (if applicable)	
ID Document Number	ID Document Type	Issue Date <small>MM/DD/YYYY</small>	Expiry Date <small>MM/DD/YYYY</small>	Country of Issuance	
Country of Citizenship	Country of Residence	Bahamas Resident Status <input type="radio"/> Resident <input type="radio"/> Non-Resident		Type of Bahamas Resident <input type="radio"/> Citizen (Including Naturalized Citizens) <input type="radio"/> Other (please specify)	

2. ADDRESS INFORMATION

Permanent Residential Address (Do not use P. O. Box or in care of address): (include street, apt. or suite no. or rural route/directions)

City/Settlement	State/Territory/Island	Country (do not abbreviate)	P.O. Box/ZIP Code
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Mailing Address (Do not use in care of addresses)

City/Settlement	State/Territory/Island	Country (do not abbreviate)	P.O. Box/ZIP Code
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U.S. Billing Address
(Fidelity credit/debit cardholders only)

3. CONTACT INFORMATION

Home Eg. (xxx) xxx-xxxx	Work Eg. (xxx) xxx-xxxx	Mobile Eg. (xxx) xxx-xxxx	Email Address
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4. EMPLOYMENT INFORMATION

CURRENT EMPLOYMENT

Employer		Employer Address	
Job Title/Position	Profession	Employment Start Date <small>MM/DD/YYYY</small>	

PREVIOUS EMPLOYMENT (if less than 3 years OR Retired)

Employer		Employer Address	
Job Title/Position	Profession	Employment Start Date <small>MM/DD/YYYY</small>	Employment End Date <small>MM/DD/YYYY</small>

SELF-EMPLOYED/BUSINESS OWNER

Incorporated Business Name	Date of Commencement <small>MM/DD/YYYY</small>
Unincorporated Business Name	Date of Commencement <small>MM/DD/YYYY</small>
Description & Nature of the Business (products and/or services provided)	

Initials _____

Date MM/DD/YYYY _____



FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

5. REGULATORY DETAILS (DEPOSIT ACCOUNTS)

A. WHAT IS THE INTENDED USE OF THE ACCOUNT(S) OPENED WITH THE BANK?

Savings/Investment
 Debt Servicing
 Personal Bill Payments/Stores Purchases
 ATM Cash Withdrawals
 Other (Please Specify): _____

B. HOW WILL THE ACCOUNT(S) BE FUNDED INITIALLY*?

Personal Cheque
 Third Party Cheque
 Wire Transfer (Personal)
 Wire Transfer (Third Party)
 Banker's Draft
 Bank Loan/Loan Proceeds
 Cash
 Other (Please Specify)

C. HOW MUCH WILL BE DEPOSITED INITIALLY* TO FUND THE ACCOUNT(S)?

\$ _____ If initial* funds is equal to or exceeds \$50,000, please describe the source of the initial funds:

***Initial/initially refers to funds deposited at the time of account opening or anytime on the same date of opening any account.**

D. WHAT IS YOUR SOURCE OF WEALTH?

Savings from salary
 Savings from business income
 Profits from sold or maturing financial investments
 Profits from property sale
 Inheritance
 Pension/Retirement Benefit
 Profits from sale of company
 Other (Please Specify): _____

E. WHAT IS THE EXPECTED MONTHLY ACTIVITY (\$VALUE) ON THE ACCOUNTS?

Transaction Type	Less than \$5,000		\$5,000-\$14,999		\$15,000-\$49,999		\$50,000-\$199,999		\$200,000 or	
	Deposit	Withdrawal	Deposit	Withdrawal	Deposit	Withdrawal	Deposit	Withdrawal	Deposit	Withdrawal
<input type="checkbox"/> Cash – Over-the-Counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cash – ATM/Debit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheques (Personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheques (Third Party)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Banker's Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local Wire Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> International Wire Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Online/Mobile Banking Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – Please Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initials _____

Date MM/DD/YYYY _____



FIDELITY BANK (BAHAMAS) LIMITED
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F. WHAT IS THE EXPECTED ACTIVITY (# TRANSACTIONS) ON THE ACCOUNT(S)?

Transaction Type	Expected Number of Deposits			Expected Number of Withdrawals		
	Less than 5	5-10	Greater than 10	Less than 5	5-10	Greater than 10
<input type="checkbox"/> Cash – Over-the-Counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cash – ATM/Debit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheques (Personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheques (Third Party)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Banker's Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local Wire Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> International Wire Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Online/Mobile Banking Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – Please Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. DOMICILIATION OF SIGNIFICANT ACTIVITY ON THE ACCOUNT(S)

Where are the significant electronic transactions (i.e. Debit Card - ATM, Point-of-Sale, Online **and/or** Mobile Banking transactions) **and/or** Wire Transfers expected to occur?
 The Bahamas United States of America Other (Please Specify):

H. BENEFICIAL OWNER DECLARATION

I declare the account(s) will be used by or is for the benefit of the named Account Holder(s) only:
 Yes No
 Where "No" is selected, please provide the full name of the beneficial owner(s) and relationship(s) to the Account Holder(s).

BENEFICIAL OWNER	RELATIONSHIP TO ACCOUNT HOLDER

Note: The beneficial owner is required to complete a Relationship Information Form and provide acceptable identity verification documents.

I. POLITICALLY EXPOSED PERSON (PEP) DECLARATION

I am a PEP, an immediate Family Member (IFM) of a PEP or a Close Associate of a PEP
 Yes No Where "Yes" is selected and you are an IFM or Close Associate of a PEP, provide the full name of the PEP and your relationship to the PEP

Politically Exposed Person (PEP) & PEP Category/Title	Relationship to the PEP

Initials _____

Date MM/DD/YYYY _____



FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

6. REGULATORY DETAILS (CARDS SERVICES PRODUCTS)

A. WHAT IS THE INTENDED USE OF CARD(S) (CREDIT OR PREPAID)? SELECT ALL THAT APPLY.

Personal Bill Payments/Store Purchases
 Business Bill Payments/Store Purchases
 ATM Cash Withdrawals
 Personal Online Purchases
 Business Online Purchases
 Other (Please Specify): _____

B. ARE THERE ADDITIONAL/SECONDARY CARDHOLDERS? ● YES ● NO

If yes, please provide the name(s) and the relationship(s) to the Primary Cardholder

Additional/Secondary Cardholder(s)	Relationship to Primary Cardholder

C. WHAT IS THE SOURCE OF WEALTH OF THE CARDHOLDER OR THE ENTITY WITH AUTHORITY OVER THE CARD (REFER TO SECTION G)?

Savings from salary
 Savings from business income
 Profits from sold or maturing financial investments
 Profits from property sale
 Inheritance
 Pension/Retirement Benefit
 Profits from sales of company
 Other (please Specify): _____

D. WHAT IS THE EXPECTED VALUE OF MONTHLY PAYMENT(S) (CREDIT CARD) AND/OR LOAD(S) (PREPAID CARD)?

Transaction Type	Less than \$5,000		\$5,000-\$14,999		\$15,000-\$49,999		\$50,000-\$199,999		\$200,000 or	
	Credit Card	Prepaid Card	Credit Card	Prepaid Card	Credit Card	Prepaid Card	Credit Card	Prepaid Card	Credit Card	Prepaid Card
<input type="checkbox"/> Cash – Over-the-Counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheques (Personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheques (Third Party)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Banker's Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local Wire Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> International Wire Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Online/Mobile Banking Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – Please Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initials _____

Date MM/DD/YYYY _____



FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

E. HOW MANY PAYMENT(S) (CREDIT CARD) AND/OR LOAD(S) (PREPAID CARD) DO YOU EXPECT TO MAKE MONTHLY?

Transaction Type	Credit Card Payments			Prepaid Card Loads		
	Less than 5	5-10	Greater than 10	Less than 5	5-10	Greater than 10
<input type="checkbox"/> Cash – Over-the-Counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheques (Personal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheques (Third Party)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Banker's Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local Wire Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> International Wire Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Online/Mobile Banking Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – Please Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. DOMICILIATION OF SIGNIFICANT ACTIVITY ON THE CARD(S)

Where are the significant electronic transactions (i.e. ATM, Point-of-Sale, Online **and/or** Mobile Banking transactions) expected to occur?
 The Bahamas United States of America Other (Please Specify):

G. BENEFICIAL OWNER DECLARATION

I declare the card(s) will be used by or is for the benefit of the named cardholder(s) only:
 Yes No

Where "No" is selected, please provide the full name of the beneficial owner/guarantor and relationship to the Cardholder. (E.g. The card is issued to an individual under the authorization and financial guarantee of his/her Employer for business transactions.).

BENEFICIAL OWNER	RELATIONSHIP TO CARDHOLDER

Note: The beneficial owner/guarantor is required to complete a Relationship Information Form and provide acceptable identity verification documents.

H. POLITICALLY EXPOSED PERSON (PEP) DECLARATION

I am a PEP, an immediate Family Member (IFM) of a PEP or a Close Associate of a PEP
 Yes No Where "Yes" is selected and you are an IFM or Close Associate of a PEP, provide the full name of the PEP and your relationship to the PEP

Politically Exposed Person (PEP) & PEP Category/Title	Relationship to the PEP

Initials _____ Date MM/DD/YYYY _____



FIDELITY BANK (BAHAMAS) LIMITED
 A MEMBER OF THE FIDELITY GROUP OF COMPANIES

Relationship Information Declaration

1. I confirm that the information in this Relationship Information Form is true, complete and accurate.
2. I agree to inform Fidelity Bank (Bahamas) Limited (the Bank) of any changes to information disclosed on the Relationship Information Form.
3. By signing this Relationship Information Form, I acknowledge that (i) I have received, read and understood the Bank's Terms and Conditions and (ii) I agree to be bound by such Terms and Conditions, which form an integral part of this application to open an account with the Bank. Any capitalized term which is used in this Relationship Information Form, but not defined herein, shall have the meaning ascribed to such term in the Terms and Conditions.
4. In particular, as stated in paragraph 3(e) of the Terms and Conditions, I acknowledge that (i) completion of this Relationship Information Form and/or receipt there of by the Bank does not constitute, and shall not be construed as constituting, acceptance by the Bank to establish an account with the Bank and (ii) all information disclosed on this Relationship Information Form is subject to independent verification by the Bank in accordance with its internal policies and procedures.
5. I understand and accept that not providing, and ensuring the Bank is notified of any changes to, current contact information (e.g. electronic mail address and mobile phone number) will restrict the Bank's ability to communicate with me.

X _____ Print name
 Signature Name of Account Holder RIM Number (Bank use only) Date MM/DD/YYYY

<p>For Bank Use Only: I confirm that <input type="radio"/> I or other Fidelity personnel</p> <hr/> <p>Have/has met the account-owner in-person and the identity" verification requirements are fully complied with or</p> <p><input type="radio"/> An Eligible Introducer has completed the Eligible Introducer Form and the signature of the Eligible Introducer has been verified.</p> <hr/> <p>Name of Account Opening Personnel</p> <hr/> <p>Signature _____ Date MM/DD/YYYY</p>	<p><input type="radio"/> Incomplete <input type="radio"/> Declined <input type="radio"/> Approved*</p> <p>*I confirm that the identity verification requirements are fully complied with; and that KYC on-boarding checks and reviews have been completed.</p> <hr/> <p>Name of Unit Compliance Officer</p> <hr/> <p>Signature _____ Date MM/DD/YYYY</p>
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FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

For Bank Use Only **Account No:**

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New Account Information Form Revised Account Information Form

Account Product and Services Offering

Account Product and Services Offering
If available for the account, I/We would like to have access to:

Debit Card Services <input type="radio"/> Yes	Internet Banking Services <input type="radio"/> Yes	Mobile Banking Application Services <input type="radio"/> No <input type="radio"/> Yes	SMS Alerts <input type="radio"/> No <input type="radio"/> Yes
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ASUE Savings Accounts Only Applicable Not Applicable

I/We hereby agree to make deposits to the ASUE Account weekly/bi-weekly/monthly (circle one) until the plan matures on the _____ of _____ 20 _____.
(with a grace period of 2 business days after maturity to withdraw proceeds).

Name of Additional Account Holder	RIM Number	Relationship to Primary Account Holder
Name of Additional Account Holder	RIM Number	Relationship to Primary Account Holder
Name of Additional Account Holder	RIM Number	Relationship to Primary Account Holder
Name of Additional Account Holder	RIM Number	Relationship to Primary Account Holder
Name of Additional Account Holder	RIM Number	Relationship to Primary Account Holder
Name of Additional Account Holder	RIM Number	Relationship to Primary Account Holder

Initials

Date MM/DD/YYYY



FIDELITY BANK (BAHAMAS) LIMITED
 A MEMBER OF THE FIDELITY GROUP OF COMPANIES

Date: MM/DD/YYYY

Account Number

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Account Authorities:

- Single
 Either to Sign
 All to Sign
 Other - please use space below to detail other account authority requirements:

NAME	SIGNATURE	RIM NUMBER (Bank Use Only)

For Bank Use Only:

<p>_____ Name of Account Opening Personnel</p> <p>_____ Signature</p> <p>_____ Date MM/DD/YYYY</p>	<p>_____ Name of Unit Compliance Officer</p> <p>_____ Signature</p> <p>_____ Date MM/DD/YYYY</p>
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FIDELITY BANK (BAHAMAS) LIMITED

A MEMBER OF THE FIDELITY GROUP OF COMPANIES

PERSONAL CUSTOMER

TAX RESIDENCY SELF-CERTIFICATION FORM

Form 0001 (Rev. March 2022)

For Bank Use Only RIM No:

Grid for RIM No.

Fidelity Bank (Bahamas) limited (the "Bank") is obliged under The Bahamas and the United States of America Foreign Account Tax Compliance Agreement Act, 2015 (the " FATCA Act") , the Guidance Notes on the International Tax Compliance Requirements of the Intergovernmental Agreement Between the Bahamas and the United States of America (the " FATCA Guidance Notes"), the Automatic Exchange of Financial Account Information Act, 2016 (as amended) (the " CRS Act"), the Automatic Exchange of Financial Account Information Regulations, 2017 (as amended) (the " CRS Regulations") and the Guidance Notes on the Common Reporting Standard for Automatic Exchange of Financial Account Information in Tax Matters (the " CRS Guidance Notes") to collect information relating to an account holder's residence for tax purposes. Please complete the sections below, as directed, and provide any additional information which is requested. Please note that the Bank may be obliged to share this information with the Competent Authority of the Government of The Bahamas , which may share it with relevant tax authorities abroad. Terms referenced in this Tax Residency Self-Certification form shall have the same meaning as applicable under the FATCA Act, the FATCA Guidance Notes, the CRS Act, the CRS Regulations or the CRS Guidance Notes. If you have any questions about how to complete this Tax Residency Self-Certification form, please contact a tax advisor. Please note that you may be subject to penalties for making false or misleading declarations in this form. Please note that, where there are joint account holders, each account holder is required to complete a separate Tax Residency Self-Certification Form.

1. IDENTIFICATION

Form for Section 1: Identification, including fields for First Name, Middle Name, Last Name, Title, Maiden Name, Mother's Maiden Name, Date of Birth, Country of Birth, Permanent residence address, City/Settlement, State/Territory/Island, Country, P.O. Box/ZIP Code, and Mailing Address.

2. DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCY FOR TAX PURPOSES

Please select either (a) or (b) or (c) and complete as appropriate
(a) I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes (green cardholder or resident under the substantial presence test) and my U.S. Tax Identification Number (U.S. TIN) is as follows: _____ and my IRS W-9 or W-8 Form is attached.
(b) I confirm that I was born in the U.S. (or in a U.S. territory) but I am no longer a U.S. Citizen as I have voluntarily surrendered my citizenship; and my U.S. Certificate of Loss of Nationality is attached.
(c) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.

3. DECLARATION OF TAX RESIDENCY (OTHER THAN THE U.S.)

Declaration of Tax Residency (other than U.S.) (Complete this section only if you have (a) non-U.S. tax residency(ies). (Each country/jurisdiction has its own rules for defining tax residence. Some countries have provided information on how to determine whether an individual is resident for tax purposes in the jurisdiction for inclusion on the OECD AEOI Portal (http://www.oecd.org/tax/automatic-exchange/). You are encouraged to consult your tax advisor if you are in doubt about your tax residence.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country). Please indicate "not applicable" if a jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. In that event, please specify the reason for the non-availability of a tax reference number.

Table with 3 columns: Country/ Countries of Tax Residency, Tax Reference Number Type, Tax Reference Number

4. DECLARATION

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. For the duration of my contractual relationship with the Bank, I undertake to notify the Bank, within 30 days on my own initiative, if my status for U.S. tax purposes and/or my country(ies)/jurisdiction(s) of residence for tax purposes change(s). If any certification made on this form becomes incorrect, I agree that I will submit a new form and/or further necessary forms and documentation within 90 days after such change in circumstances. I further affirm that I am aware that my relationship with the Bank may be terminated if I fail to comply with my obligation to submit the relevant documentation required to determine my status as a U.S. citizen or resident for U.S. tax purposes and/or resident for tax purposes in any other country(ies)/jurisdiction(s). I acknowledge that it is an offence to make a self-certification which is false in a material particular. Where legally obliged to do so, I hereby consent to the Bank sharing the information in this form with the relevant tax information authorities.

Signature X and Date MM/DD/YYYY