

PLEASE READ THE BELOW INSTRUCTIONS BEFORE COMPLETING THIS FORM:

This form is to be completed by the individuals, outlined in the first bullet point below, consistent with the requirements under the Foreign Account Tax Compliance Act (FACTA) and the Common Reporting Standard (CRS) regarding their residency or tax status. **It will remain valid unless there is a change in circumstances relating to the individual's residency or tax status. In such instances, the individual must notify JMMB of the change and provide an updated Tax Residency Self-certification form within 30 days.**

- Fill out this Individual Tax Residency self-certification form if you are an individual Account Holder, a sole proprietor, or a controlling person of an entity.
- Each Account Holder of a joint account must fill out a separate Individual Tax Residency Self Certification Form.
- Where you need to self-certify on behalf of an entity Account Holder, do not use this form. Instead, you will need to complete a **"Entity Tax Residency Self Certification Form."**
- If you are completing this form on behalf of someone else, let us know in what capacity you are signing under **Part 5 below**. For example, as the custodian or nominee of an account on behalf of the Account Holder, or you may be completing the form under a power of attorney. A legal guardian should complete this form on behalf of an Account Holder who is a minor.
- You must complete **Parts 2 and 3** and must also indicate whether you are a resident of the USA and/or other foreign countries.
- You can find a summary of requirements and definitions in the **Glossary of Terms and Codes for CRS & FATCA** on our website (www.jmmb.com).

As a financial institution, JMMB is not permitted to provide you with tax advice. JMMB will provide general guidance on completing this form, however, kindly consult your local tax adviser to assist with any questions you may have regarding residency or tax details required on this form. Additional information can be found for CRS at the **OECD automatic exchange of information portal** or www.oecd.org/tax/transparency/what-we-do/. A summary of FATCA reporting for U.S taxpayers FATCA is available on the IRS website <https://www.irs.gov/businesses/corporations/summary-of-fatca-reporting-for-us-taxpayers>.

PART 1: IDENTIFICATION OF INDIVIDUAL ACCOUNT HOLDER

A. Name of Account Holder (Title, First, Middle, Last Names)		B. Date of Birth (dd/mm/yyyy)
C. Place of Birth (Town or City of Birth & Country of Birth)		
D. Current Residential Address (House/Apt/Suite Name, Number, Street)		
Town/City/Province/State/County	Country:	Postal/Zip Code:
E. Mailing Address (House/Apt/Suite, Name, Number, Street) - if different from the address shown in Section D above		
Town/City/Province/State/County	Country:	Postal/Zip Code:

PART 2: FATCA - DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

Please tick (a), (b) or (c) and complete as appropriate.

- (a) ☐ I confirm **that I am a U.S. Person** (an American citizen, dual citizen, lawful permanent resident (Green Card Holder) or resident under the substantial presence test) and my **U.S. federal taxpayer identifying number (U.S. TIN)** is as follows:
_____.
- (b) ☐ I confirm that I was born in the U.S. (or a U.S. territory) but **am no longer a U.S. citizen** as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- (c) ☐ I confirm that I am **not a U.S. citizen or resident** in the U.S. for tax purposes.

PART 3: DECLARATION OF RESIDENCE (OTHER THAN THE U.S.)

Are you a tax resident of any foreign countries/jurisdictions, other than the United States of America? Please indicate by ticking yes/no?

☐ Yes ☐ No

If **yes**, please complete the following table indicating (i) your country or jurisdictions of tax residence and (ii) your TIN or functional equivalent for each country indicated.

Note:

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

- Reason A** -The country/jurisdiction where I am liable to pay tax does not issue TINs or functional equivalent to its residents.
- Reason B** – I am otherwise unable to obtain a TIN or a functional equivalent (Please explain why you are unable to obtain a TIN or functional equivalent in the below table if you have selected this reason).
- Reason C** - No TIN or functional equivalent is required because the tax residence country/jurisdiction that issued the TIN or functional equivalent does not require it to be disclosed.

I hereby confirm that I am, for tax purposes, resident in the following countries/ jurisdictions (except U.S.):

Country/Jurisdiction of Tax Residence	TIN OR FUNCTIONAL EQUIVALENT	If no TIN available, select Reason A, B or C
1.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B <input type="checkbox"/> Reason C
2.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B <input type="checkbox"/> Reason C
3.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B <input type="checkbox"/> Reason C

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

1	
2	
3	

PART 4: CONTROLLING PERSONS

This section is only to be completed if you are a tax resident of any foreign countries/jurisdictions and a controlling person(s) of an Entity Account Holder. Please complete the below table in relation to the Entity of which you are a Controlling Person. If you are a Controlling Person of more than three (3) relevant Entity Account Holders, please complete a second Individual Tax Certification Form.

Legal Name of Entity	Nature of Control/Type of Controlling Person
1.	
2.	
3.	

PART 5: DECLARATIONS CONSENT & SIGNATURE

Your financial information is used to help us manage reputational, regulatory, financial, and operational risks and to better serve you. This information may be used to satisfy valid requests from regulators and other service providers or individuals legally entitled to access it, while maintaining confidentiality. Additionally, the information may be shared with other companies within the JMMB Group, which includes JMMB and its subsidiaries, affiliates, and associated companies worldwide, whether currently existing or formed in the future. The JMMB Group will ensure that necessary technical and organizational measures are in place to safeguard against any security breach before transferring personal data.

It is agreed that the JMMB Group reserves the right to collect, process, and share the information provided for marketing and research efforts. You may opt out of direct marketing by contacting the JMMB Group, and your preference will remain until you notify us of any changes. I understand that the information I supply is governed by the Terms and Conditions of my relationship with JMMB Group, which outline how my information may be used and shared. I acknowledge that this information, including details about my Reportable Account(s), may be reported to relevant tax authorities, and exchanged with those of other jurisdictions in accordance with intergovernmental agreements. I consent to JMMB Group making such disclosures and waive any protection under data protection, confidentiality, or applicable laws necessary for these exchanges.

I undertake to inform JMMB of any changes in my tax residency status or circumstances affecting the accuracy of the information provided, and to submit an updated self-certification and Declaration within 30 days of any such changes. I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

Signature of individual	Print Name	Date: DD/MM/YYYY
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Capacity*: _____

***Note:** If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the Power of Attorney.

FOR INTERNAL USE ONLY

Subsidiary/Branch/Department:		UCIN:	
Reportable:	<input type="checkbox"/> US Person <input type="checkbox"/> CRS Person <input type="checkbox"/> US and CRS Person <input type="checkbox"/> Local Resident <input type="checkbox"/> CRS or US Indicia cured		
FOR BRANCH /CBSS ONLY	Receiving Agent:	Signature:	Date (dd/mm/yy)
	Relationship Officer:		
FOR COMPLIANCE	Input Officer:	Signature:	Date (dd/mm/yy)
	Approving Officer:	Signature:	Date (dd/mm/yy)
	Scanning Officer:	Signature:	Date (dd/mm/yy)