



## Self-Certification of Residency Form

### Individual Self-Certification

We are obliged under the Standard for the Automatic Exchange of Financial Account Information in Tax Matters (AEOI) and any and all enactments supporting the implementation of the AEOI to improve tax compliance to facilitate cross-border tax transparency on financial accounts held abroad.

As a result, we are also obligated to collect certain information about each Account Holder's tax arrangements.

Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities.

If any of the information below about your tax residence changes in the future, please ensure you advise us of these changes promptly.

### Section 1: Account Holder Identification

Account Holder's Full Name

Date of Birth (dd/mm/yyyy)

Place and Country of Birth

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Permanent Residence Address:

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Number & Street

City/Town

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State/Province/County:

Post Code:

Country:

Mailing Address (if different from above):

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Number & Street

City/Town

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State/Province/County:

Post Code:

Country:

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**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 reference number type and number applicable in each country).

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number.

**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 form is being signed on behalf of a minor): <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.

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