

SELF-CERTIFICATION FORM  
FOR FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)  
AND COMMON REPORTING STANDARDS (CRS)

TITLE:  FIRST NAME:  MIDDLE OR OTHER NAMES:

SURNAME:

DATE OF BIRTH: [Click here to enter a date.](#)

PLACE OF BIRTH:  COUNTRY OF BIRTH:

GENDER:

CURRENT **RESIDENTIAL** ADDRESS:  MAILING ADDRESS:

CITY:  COUNTRY:

**CITIZENSHIP:**

TAX ID:  TIN UNAVAILABLE:

I understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's relationship with ACB Caribbean and its subsidiaries and affiliates where the Account Holder's financial relationship is maintained.

I acknowledge that the information contained in this Form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly, to any relevant tax authority, including 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 Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.

CERTIFICATION

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all of the account(s) to which this Form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status of the Account Holder or where any information contained herein to become incorrect.

Sign Here  \_\_\_\_\_

Signature of Account Holder (or individual authorized to sign for the Account Holder)

Print Name

Date: 11/20/2019

