



Tax Residency Self-Certification Form - Individual

Instructions for Completion

We are obliged under the Automatic Exchange of Financial Account Information (Common Reporting Standard) legislation which is based on the OECD Common Reporting Standard (CRS), and the Foreign Tax Compliance Act (FATCA), as implemented in Trinidad and Tobago, and Guidance Notes made pursuant to that legislation and the Multilateral Convention on Mutual Administrative Assistance in Tax Matters, to collect and report certain information about each account holder’s tax residency and tax status. Please note that if it is found that an account holder’s tax residency is located abroad, including the United States, we may be legally obliged to share this information and other financial information with respect to your financial account(s) with the relevant tax authorities.

Terms referenced in this Form shall have the same meaning as applicable **under the Mutual Administrative Assistance in Tax Matters Act No. 7 of 2020, the Mutual Administrative Assistance in Tax Matters Regulations, 2025, the Mutual Administrative Assistance in Tax Matters Guidelines** and FATCA-related legislation and agreements applicable in Trinidad and Tobago, and the Multilateral Convention on Mutual Administrative Assistance in Tax Matters.

If any of the information below regarding your tax residence or AEOI/FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions please contact your tax advisor.

Please note that in the case of joint account holders, each account holder must complete a separate Self-Certification form.

A. Account Holder Identification RIM#

Name of Individual: (first, middle and last name)

Date of Birth: (dd/mm/yyyy)

Country of Birth:

Permanent Residence Address

Street:

City/Town:

State/Province/County:

Country:

Postal Code:

Mailing Address (If different)

Street:

City/Town:

State/Province/County:

Country:

Postal Code:

B. FATCA – Tax Residency – United States (U.S.)

1. Do you have a Green Card (U.S. Permanent Resident Card) or U.S. passport?

☐ Yes☐ No
2. Are you required to file a tax return in the U.S.?

☐ Yes☐ No

If ‘Yes’, to any of the above please provide your **U.S. Tax Identification Number (TIN)** (i.e., **Social Security Number (SSN)** or **Individual Taxpayer Identification Number (ITIN)**).

SSN / ITIN Number								

C. CRS - Declaration of Tax Residency

I hereby confirm that I am, for the purposes of the applicable tax system(s), tax resident in the jurisdiction(s) indicated below. Where I am tax resident only in Trinidad & Tobago, and not tax resident in any other jurisdiction, no additional jurisdictions are required to be listed below.

1. Do you reside or work in any country other than the U.S or locally?

☐ Yes☐ No
2. Are you tax resident in any country other than the U.S. or in Trinidad & Tobago (i.e., required to report or pay tax there)?

(Tax residency means the country where you live most of the time and where you are expected to report your income to the tax authority.)

☐ Yes☐ No

If ‘Yes’, please provide the applicable tax reference number for each jurisdiction in which you are tax resident.

If a TIN or equivalent number is unavailable, please select one of the reasons below:

- Reason A

The country / jurisdiction where I am tax resident does not issue Tax Identification Numbers (TINs) or equivalent numbers to its residents
- Reason B

The Account Holder is otherwise unable to obtain a TIN or equivalent number *(Please explain in the below table)*
- Reason C

No TIN or equivalent identifier is required under the domestic law of the relevant jurisdiction.



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#	Jurisdiction (s) of Tax Residency	Tax Reference Number Type (e.g., TIN, NINO, UTR, TRN)¹	Tax Reference Number	If No Tax Reference Number is Available Select Reason A or B or C
1				☐ A ☐ B ☐ C
2				☐ A ☐ B ☐ C
3				☐ A ☐ B ☐ C

¹Tax Reference Number: A unique number issued by a tax authority to identify an individual or entity for tax purposes. Depending on the jurisdiction, it may also be called a Tax Information Number (TIN), National Insurance Number (NINO), or Unique Taxpayer Reference (UTR).

If Reason B is selected, please provide an explanation below.

If applicable, please explain any circumstances where you are tax resident in a jurisdiction but are not required to file a tax return.

1	
2	

If you were born in, hold citizenship of, or have residency in another country and you have responded 'No' to questions 1 & 2, please explain the basis on which you are not a tax resident in that country (e.g., because you do not work/live there, or you are not liable to be taxed under that country's laws).

D. Tax Residency Self-Certification and Undertaking

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete for the purposes of the AEOI framework, including CRS and FATCA. I undertake to advise the recipient promptly and provide an updated Self-Certification form within thirty (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 in accordance with applicable CRS and FATCA requirements.

If the information provided in this form is not supported by the information held by Republic Bank, I understand that I may be required to re-submit this form.

I understand that the Bank may review this self-certification for accuracy and completeness and may request additional information or supporting documents if required.

I confirm that the information provided on this form is true and correct.

Customer Signature

Date

For Bank Use Only

Reasonableness & Completeness Check – Individual Accounts	
A. Form Completion ☐ Form fully completed ☐ Signed and dated ☐ TIN provided or valid Reason A/B/C	B. Consistency & Reasonableness ☐ Information aligns with KYC records (address, ID, citizenship) ☐ Tax residency claims are reasonable ☐ Any inconsistencies explained
Final Outcome ☐ Accepted ☐ Re-submission required	

Notes (if applicable):

Name of Reviewing Officer

Date

Supervisor

Date