



FOR BANK USE ONLY												
Date	DD / MM / YYYY						BRN					
Account No.												

## Individual Tax Residency Self-Certification Form Common Reporting Standard (CRS)

### CUSTOMER INSTRUCTIONS

Please read these instructions carefully before completing the form.

All fields are mandatory to be filled. Please fill the form in BLOCK LETTERS.

#### INTRODUCTION

Regulations based on the Organisation for Economic Co-operation and Development's ("OECD") Common Reporting Standard ("CRS") require the Bank Saderat Iran ("BSI") to collect and report certain information about an account holder's tax residence. Each Jurisdiction has its own rules for defining tax residence, and Jurisdictions have provided information on how to determine if you are resident in the Jurisdiction on the website: <http://www.oecd.org/tax/automatic-exchange/>

**This form is intended to request information consistent with local law requirements. As a financial institution, we are not allowed to give tax advice. For more information you may speak to a professional Tax Advisor/Consultant.**

#### Note:

- Instructions and definitions, please refer to the "CRS - Summary Descriptions of Select Defined Terms" available on [www.banksaderat.ae](http://www.banksaderat.ae)
- Please fill in this form if you are an individual account holder, sole trader or sole proprietor.
- For joint or multiple account holders, use a separate form for each individual person.

#### PERSONAL INFORMATION

Customer Name	(as in the Passport)		
Country of Birth		Date of Birth	DD-MM-YYYY
Place of Birth			

#### COUNTRY OF TAX RESIDENCE

1. Are you a UAE resident individual? (*If yes, kindly provide a valid UAE Emirates ID and residency visa (as applicable))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you hold a UAE residency visa with a term of five (5) years or more? (*If yes, kindly respond to additional questions below):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did you obtain UAE tax residency under a residency by investment scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Are you resident of any other jurisdiction(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Specify the jurisdiction(s) in which you were subject to personal income tax during the previous calendar year? (if not applicable please mention 'NA')		

**Please complete the following table indicating:** (i) Where the Account Holder is a tax resident and (ii) the Account Holder's TIN for each country/Jurisdiction indicated.

If the Account Holder is tax resident in more than three countries please use a separate sheet.

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

- **Reason A** - The country/Jurisdiction where the Account Holder is liable to pay tax does not issue TINs to its residents.
- **Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).
- **Reason C** - No TIN is required. (Note. Only select this reason if the domestic law of the relevant Jurisdiction does not require the collection of the TIN issued by such Jurisdiction).

S.No.	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			
Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason "B" above.			
1			
2			
3			

#### DECLARATION AND SIGNATURE

- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I confirm that the information has been provided willingly, without advice or help from the Bank.
- I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status of the individual identified in this form or where any information contained herein to become incorrect.
- I hereby authorize the BSI to disclose all information it holds about me or any of my current or future accounts with BSI to UAE regulatory authorities and/or with any other regulatory authorities as required by UAE law.
- I certify that I am the account holder (or authorized to sign for the account holder) relating to this self certification.

Full Name (Name as per Passport)

Signature

Date : DD-MM-YYYY

**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 attach the power of attorney (Attested by Competent authority) as well.

Capacity:  
(Self, Shareholder, POA, Guarantor)

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Signature(s) verified by	Name	Signature	Date : DD-MM-YYYY
Authorised by	Name	Signature	Date : DD-MM-YYYY