


ATLANTIC INTERNATIONAL BANK LIMITED

#1 Belcan Plaza
P.O. Box 1811
Belize City, Belize C.A.
www.atlanticibl.com

Tel: 501-223-3152
501-223-5306
Fax: 501-223-3528
info@atlanticibl.com

CRS Entity Tax Residency Self-Certification Form
Part I – Identification of Entity
Legal Name of Entity

Country of Incorporation

Current Residential Address

Street Name	
Town/ City	
Country	
Postal Code	

Mailing Address

Street Name	
Town/ City	
Country	
Postal Code	

Part 2- Country of Residence for Tax purposes and related Taxpayer Identification Number (TIN)

Please indicate every country in which you are resident for tax purposes, and the taxpayer identification number for each country.	
Country	Taxpayer Identification Number
1.	
2.	
3.	

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

- A. The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- 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)
- C. No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

1	
2	
3	

Part 3 - Declaration and Signature

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to 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 tax resident pursuant to intergovernmental agreements to exchange financial account information.

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

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to the bank and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

Print name _____ Signature _____

Date _____

If you are acting on behalf of the account holder, please indicate your capacity

NOTE: If signing under a power of attorney please attach a certified copy of the power of attorney.



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CRS Controlling Person Tax Residency Self-Certification Form

Part I- Identification of controlling person

Name of Account Holder

Title:	Mr.	Ms.	Mrs.
First Name:			
Middle Name:			
Last Name:			

Date of Birth

DD/MM/YY	
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Place of Birth

Town/ City	
Country	

Current Residential Address

Street Name	
Town/ City	
Country	
Postal Code	

Mailing Address

Street Name	
Town/ City	
Country	
Postal Code	

**Please enter the name of the relevant entity Account holder(s)
Of which you are a controlling person**

Legal name of Entity 1	
Legal name of Entity 2	
Legal name of Entity 3	

Part 2 - Country of Residence for Tax purposes and related Taxpayer Identification Number (TIN)

Please indicate every country in which the controlling person is resident for tax purposes, and the taxpayer identification number for each country.	
Country	Taxpayer Identification Number
1.	
2.	
3.	

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

- A. The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- 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)
- C. No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

1	
2	
3	

Part 3 - Type of Controlling Person

Please provide the Controlling Person’s Status by ticking the appropriate box.

		Entity 1	Entity 2	Entity 3
a	Controlling Person of a legal person -control by ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Controlling Person of a legal person - senior managing official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Controlling Person of a legal person - control by other means (e.g. POA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Controlling Person of a trust -settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Controlling Person of a trust -trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Controlling Person of a trust -protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Controlling Person of a trust -beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 - Declaration and Signature

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to 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 tax resident pursuant to intergovernmental agreements to exchange financial account information.

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

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to the bank and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

Print name _____ Signature _____

Date _____

If you are acting on behalf of the account holder, please indicate your capacity

NOTE: If signing under a power of attorney please attach a certified copy of the power of attorney.