

## Individual Tax Residency Self-Certification Form

Account Number # \_\_\_\_\_ (To be filled by Bank Only)

Client Number # \_\_\_\_\_ (To be filled by Bank Only)

**INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM****Part A: Account Holder Information**

\*Full Name of Account Holder (as per A.O.F) \_\_\_\_\_

\*Current Residence Address (e.g. House / Flat No. / Street No. / Area &amp; City): \_\_\_\_\_

\_\_\_\_\_

\*Country: \_\_\_\_\_ \*Postal Code/ ZIP Code: \_\_\_\_\_ \*Date of birth (dd-mm-yyyy): \_\_\_\_\_

\*Town / City of Birth: \_\_\_\_\_ \*Country of Birth: \_\_\_\_\_

**Part B: Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number\* ("TIN")**

\* Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated.

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

**Reason A** The country 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)*

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

Serial No.	(i) *Country/Jurisdiction of Tax Residence	(ii) *Tax Identification Number (TIN) / NTN or Functional Equivalent Number	(iii) If no TIN available, enter Reason A, B or C
1			
2			
3			

## Individual Tax Residency Self-Certification Form

\*Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.


### Part C: Declaration and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with *Bank Alfalah Limited (the 'Bank')* setting out how *Bank Alfalah Limited* may use and share the information supplied by me.

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/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions 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 authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that I have neither asked for, nor received, any advice from *Bank Alfalah Limited* in determining my classification as a Reportable Person or otherwise.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise *Bank Alfalah Limited* within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Parts 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide *Bank Alfalah Limited* with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

*Name of the Signatory :	*Date(dd/mm/yyyy):
*Authorized Signature :	

**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 also attach a certified copy of the power of attorney.**

Capacity: \_\_\_\_\_

### Branch Authorization:

We confirm that the provided information has been cross verified against the information provided by customer(s) in the Account Opening Form and during the KYC process and that no discrepancy has been found therein.

Branch Officer	Operations/ Branch Manager
Name:	Name:
Signature:	Signature:
Date:	Date:
	POA Number :