



FATCA STATUS DECLARATION FORM (INDIVIDUAL)

Account Name	:																		
Account Number	:																		
Country of Birth	:																		
Country of Residence	:																		

Please tick Yes or No for each of the following questions: Yes No

1.	Are you a US Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you hold U.S. Green Card or is a lawful resident of the US?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a U.S. address (including P.O. Box) or U.S. phone number or U.S. e-mail address?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you granted Power of Attorney to someone who has a U.S. address or U.S. phone number or U.S. e-mail address?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you stayed in U.S. for 183 days during 3-year period including present year?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you receive payments sourced from USA? That is Interest, Dividend, Rent, Payment for services (salaries), and any other Fixed Determinable Annual Periodical [FDAP] income.	<input type="checkbox"/>	<input type="checkbox"/>

I/we hereby acknowledge that the statement given above is true, accurate and complete. In any event if this statement is identified as false, I hereby consent SIBL to treat the account as per the directions of FATCA.

I/we hereby consent for SIBL or any of its affiliates (including branches) to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction (if required).

Where required by domestic or overseas regulators or tax authorities, I/we consent and agree that the bank may withhold and pay out from my account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I/we agree and undertake to notify SIBL within 30 calendar days if there is a change in any information which I/we have provided to the bank.

Signature (with date)	Signature (with date)	Signature (with date)

FOR BANK USE ONLY

Account Name	:																		
Account Number	:																		
Customer ID	:																		

- AOF checked, supporting documents received and preserved with AOF
- Signature (s) admitted/verified
- Updated in CBS

Account Opening Officer (signature and seal)

BAMLCO/Authorized Officer (signature and seal)