

## FATCA STATUS DECLARATION FORM(INDIVIDUAL)

This form must be completed by any individual/entity who wishes to open a Banking Account

First Name  Middle Name  Last Name   
 Account No

SL No	Required Information for FATCA	Cross (X) the following	
		Yes	No
1.	Are you a U.S. Citizen/Permanent Resident/Green Card Holder/Temporary Resident?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have a U.S. Address (Resident or Correspondence)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a U.S. address like "in care of" or "hold mail" or "P.O. Box Address" etc.?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have a Power of Attorney or Signatory Authority granted to Person with U.S. address?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have a U.S. Place of Birth?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a U.S. Telephone Number?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have Standing Instructions to transfer funds to account maintained in the U.S. or directions received from a U.S Person?	<input type="checkbox"/>	<input type="checkbox"/>
8.	In case of any foreign entity where there is substantial U.S. ownership i.e. 10% or more? (These could be financial or Non-financial entities in the U.S. or outside the U.S.)	<input type="checkbox"/>	<input type="checkbox"/>

If you have any cross (X) mark(s) in the "Yes" column of above table please provide the following info

**A. Residential Address:**

Street  Building Identifier   
 Suite Identifier  Floor Identifier   
 District Name  P.O. Box   
 Post Code  City or Town   
 State/Province/Region  Country

**B. Contact:**

Telephone No  Mobile No   
 Fax  E-mail

**C. Passport & Visa:**

Passport No  Date of Issue   
 Place of Issue  Issuing Authority of Visa   
 Issue date of Visa  Expiry Date of Visa

**D. Birth Info:**

Birth Date  Country of Birth

**E. Permanent Resident (PR)/ Green Card Number (If applicable):**

**F. Occupation:**

**G. US TIN:**

Social Security Number (SSN)  Employer Identification Number (EIN)   
 Individual Taxpayer Identification Number (ITIN)  Adoption Taxpayer Identification Number (ATIN)   
 Preparer Taxpayer Identification Number (PTIN)

**Declaration:**

I hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for Social Islami Bank Limited or any of its affiliates(including branches) (Collectively "the Bank") to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I do hereby, consent and agree that the Bank may with hold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. I do hereby also undertake that in all cases where payments are to be received in my account from US sources, the Bank will not be held responsible for any deductions being made by way of a withholding tax under FATCA or otherwise. I undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.

Customer's Signature

Date

