

Instructions for completion

Cayman National Bank (Isle of Man) Limited (“we/us/the Bank”) are obliged under the Isle of Man Income Tax Act 1970, various Regulations, Guidance Notes made pursuant to the Law and Treaties and, intergovernmental agreements (“IGAs”) entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively “AEOI”), to collect certain information about each account holder’s tax status. Please complete all sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant Isle of Man Regulations, Guidance Notes or Agreements.

If any of the information provided below about your tax residence or your AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax adviser, or refer to the Organisation for Economic Cooperation and Development’s (“OECDs”) Common Reporting Standard (“CRS”) commentaries, the OECD AEOI Portal, the Isle of Man Foreign Account Tax Compliance Act (“FATCA”) and/or CRS guidance.

Please complete this form, in **BLOCK CAPITALS** and tick where necessary.

SECTION 1: ACCOUNT HOLDER IDENTIFICATION
Details of Entity
Please complete as applicable

Legal name of entity	<input type="text"/>		
Date of incorporation/ organisation	<input type="text" value="DD/MM/YYYY"/>	Country of incorporation/ organisation	<input type="text"/>
Registered office/trading address (incl. country)	<input type="text"/>		
		Postal/ZIP code	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
		Postal/ZIP code	<input type="text"/>

SECTION 2: YOUR US TAX STATUS (FATCA)
FATCA Classification for Entities that are US Persons
Please complete as applicable

Please complete this section if the entity is a US Person.

2.1 The entity is a Specified US Person and the entity’s US federal taxpayer identifying number (US TIN) is as follows:
US TIN

2.2 The entity is a US Person that is NOT a Specified US Person. If selecting please indicate below which exemption applies:
Exemption Reason

FATCA Classification for Entities that are NOT US Persons
Please complete as applicable

Please complete this section if the entity is NOT a US Person.

2.3 If you are a Registered Financial Institution, please tick one of the below categories, and provide your Global Intermediary Identification Number (“GIIN”) at 2.3.4 below

2.3.1 Isle of Man or IGA Partner Jurisdiction Financial Institution

2.3.2 Registered Deemed Compliant Foreign Financial Institution

2.3.3 Participating Foreign Financial Institution

2.3.4 Please enter your GIIN here



FATCA Classification for NON-US Resident Entities (continued)

Please complete as applicable

2.4 If you are a Financial Institution, but are unable to provide a GIIN, please tick one of the reasons why below:

- 2.4.1 The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN below
Trustee Name Trustee GIIN
- 2.4.2 The Entity is a Certified Deemed Compliant, or otherwise Non-Reporting, Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust)
Exemption Reason
- 2.4.3 The Entity is a Non-Participating Foreign Financial Institution
- 2.4.4 The Entity is an Owner Documented Foreign Financial Institution

2.5 If you are not a Financial Institution, please confirm the Entity's FATCA status below:

- 2.5.1 The Entity is an Exempt Beneficial Owner
Exemption Reason
- 2.5.2 The Entity is an Active Non-Financial Foreign Entity (including an Excepted NFFE)
- 2.5.3 The Entity is a Passive Non-Financial Foreign Entity (Note: If you have selected answer 2.5.3 please provide full details of the Entity's Controlling Persons by completing Section 5 of this form)
- 2.5.4 If the Entity is a Direct Reporting NFFE or a Sponsored Direct Reporting NFFE, please provide the Entity's GIIN below
Entity GIIN

SECTION 3: YOUR NON-US TAX STATUS (CRS)

CRS Country of Tax Residence

Please complete as applicable

3.1 Please indicate the Entity's place of tax residence. If resident in more than one jurisdiction please detail all jurisdictions and associated Tax Identification Numbers ("TINs") for each jurisdiction.

Jurisdiction of Tax Residence	TIN

3.2 If a TIN is not available please provide a functional equivalent (such as a business or company registration number or other similar form of identification). If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (e.g. the jurisdiction of residence does not issue such numbers) below

Further information about the issuance rules for TINs and their format can be found on the OECDs AEOI Portal at: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

CRS Entity Classification
Please tick one option only

Please provide your CRS classification by ticking the corresponding box(es) below. Please note, an Entity's CRS classification may not necessarily be the same as its classification for US FATCA purposes.

3.3 If the Entity is a Financial Institution please specify the type below:

- 3.3.1 Depository Institution
- 3.3.2 Custodial Institution
- 3.3.3 Investment Entity – within the meaning of Section VIII, A.6(a) of the Common Reporting Standard
- 3.3.4 'Managed' Investment Entity – within the meaning of Section VIII, A.6(b) of the Common Reporting Standard (see note below)
- 3.3.5 Specified Insurance Company

Note: If you have selected answer 3.3.4 and the Entity is resident in a Non-Participating Jurisdiction the Entity will be treated as a Passive Non-Financial Institution, therefore please provide full details of the Entity's Controlling Persons by completing Section 5 of this form

3.4 If the Entity is a Non-Reporting CRS Financial Institution please specify the type below:

- 3.4.1 Government Entity
- 3.4.2 International Organisation
- 3.4.3 Central Bank
- 3.4.4 Broad Participation Retirement Fund
- 3.4.5 Narrow Participation Retirement Fund
- 3.4.6 Pension Fund of a Governmental Entity, International Organisation or Central Bank
- 3.4.7 Exempt Collective Investment Vehicle
- 3.4.8 Trustee Documented Trust
- 3.4.9 Qualified Credit Card Issuer
- 3.4.10 Other Entity defined under domestic law as low risk of being used to evade tax. Please specify the type below

Entity Type

3.5 If the Entity is an Active Non-Financial Entity please tick this box

3.6 If the Entity is a Passive Non-Financial Entity please tick this box

Note: If you have selected answer 3.6 and the Entity is a Passive Non-Financial Entity please provide details of the Entity's Controlling Persons by completing Section 5 of this form.

SECTION 4: YOUR DECLARATION AND UNDERTAKING
Declarations
Please sign where indicated below

I/we declare that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I/we undertake to advise the Bank promptly and provide an updated Entity Self-Certification Form within 90 days where any changes in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

Where legally obliged to do so, I/we hereby consent to the Bank sharing this and other information in relation to the Entity's activities with you with the relevant tax information authorities.

I/we authorise the Bank to provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or conduct a similar control of the Bank for tax purposes, a copy of this form and to disclose to such tax authorities or such party any additional information that the Bank may have in its possession that is relevant to the Entity's qualification for any benefits claimed on the basis of this Declaration. I/we acknowledge and agree that information contained in this form and information regarding balances and any income paid or credited to or for the benefit of the account(s) to which the Entity holds may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information to the country or countries in which the Entity is resident for tax purposes.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name <i>(please print)</i>	<input type="text"/>	Name <i>(please print)</i>	<input type="text"/>
Position/capacity <i>(e.g. director)</i>	<input type="text"/>	Position/capacity <i>(e.g. director)</i>	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>	Date	<input type="text" value="DD/MM/YYYY"/>

IMPORTANT NOTE: If you have selected answers 2.5.3, 3.3.4 or 3.6 the Entity will be treated as a Passive Non-Financial Institution. Therefore, please provide full details of the Entity's Controlling Persons by completing Section 5 of this form below.

Cayman National Bank (Isle of Man) Limited is a subsidiary of Cayman National Corporation Ltd whose ultimate owner is Republic Financial Holdings Limited, a publicly quoted company incorporated in Trinidad and Tobago and regulated by the Central Bank of Trinidad and Tobago as a financial holding company. Clients' deposits are placed with a spread of approved counterparties or invested in marketable debt instruments issued by sovereign states, multi-development banks, public sector entities and banks. Prospective depositors should satisfy themselves as to the financial standing of Cayman National Bank (Isle of Man) Limited and the group based upon publicly available information. An abridged version of Cayman National Bank (Isle of Man) Limited's latest annual financial statements is available on www.caymannational.im

Cayman National Bank (Isle of Man) Limited whose registered office is at Cayman National House, 4-8 Hope Street, Douglas, Isle of Man, IM1 1AQ, British Isles is licensed by the Isle of Man Financial Services Authority. Cayman National Bank (Isle of Man) Limited is a participant in the Depositors' Compensation Scheme as set out in the Isle of Man Depositors' Compensation Scheme Regulations 2010.

SECTION 5: IDENTIFICATION OF CONTROLLING PERSON(S)
Please complete for each Controlling Person
Personal Details
Please complete as applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Date of birth	<input type="text" value="DD/MM/YYYY"/>
Place of birth	<input type="text"/>	Nationality	<input type="text"/>
Permanent residential address (incl. country)			
<input type="text"/>			
		Postal/ZIP Code	<input type="text"/>

Country of Tax Residence
Please complete as applicable

Please complete this section in full to disclose your country of tax residence.

Country of tax residence	<input type="text"/>	Country of domicile (if known)	<input type="text"/>
Tax reference/identification number ("TIN")	<input type="text"/>	Type of TIN	<input type="text"/>
National Insurance Number (UK tax residents only)	<input type="text"/>		

Where tax resident in more than one country please list all other jurisdictions of residency

COUNTRY/COUNTRIES OF TAX RESIDENCE	TAX REFERENCE NUMBER TYPE	TAX REFERENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If a TIN is not available please provide a functional equivalent identifier (e.g. your social, national insurance, citizenship, personal identification and/or resident registration number). If no such number is available for any of the jurisdictions listed please advise us of the reason why below:

 Further information about the issuance of TINs and their format can be found on the OECD's AEOI Portal at: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>
Declaration of US Citizenship or US Residence for Tax Purposes
Please tick one option only

(a) I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number ("US TIN") is provided above. See also https://www.irs.gov/individuals/international-taxpayers/substantial-presence-test	<input type="checkbox"/>
(b) I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached US Department of State Certificate of Loss of Nationality	<input type="checkbox"/>
(c) I confirm that I am not a US citizen or resident in the US for tax purposes.	<input type="checkbox"/>

Type of Controlling Person
Please complete as applicable

5.1 As a Controlling Person of the Entity please indicate your status below:

- 5.1.1 Controlling Person of a Legal Person – Control by Ownership
- 5.1.2 Controlling Person of a Legal Person – Control by Other Means
- 5.1.3 Controlling Person of a Legal Person – Senior Managing Official

Type of Controlling Person (continued)
Please complete as applicable

- 5.1.4 Controlling Person of a Trust – Settlor
- 5.1.5 Controlling Person of a Trust – Trustee
- 5.1.6 Controlling Person of a Trust – Protector
- 5.1.7 Controlling Person of a Trust – Beneficiary
- 5.1.8 Controlling Person of a Trust – Other
- 5.1.9 Controlling Person of a Legal Arrangement (Non-Trust) - Settlor Equivalent
- 5.1.10 Controlling Person of a Legal Arrangement (Non-Trust) - Trustee Equivalent
- 5.1.11 Controlling Person of a Legal Arrangement (Non-Trust) - Protector Equivalent
- 5.1.12 Controlling Person of a Legal Arrangement (Non-Trust) – Beneficiary Equivalent
- 5.1.13 Controlling Person of a Legal Arrangement (Non-Trust) - Other Equivalent

Declaration and Undertaking
Please sign where indicated below

I acknowledge that the information provided in this form and regarding the Controlling Persons and any Reportable Account(s) may be reported to the tax authorities of the jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another jurisdiction in which [I/the Controlling Person] may be tax resident pursuant to International Agreement to exchange financial account information.

I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of the account(s) held by the Entity Account Holder to which this form relates.

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

I undertake to advise the Bank promptly and provide an updated Self-Certification Form within 90 days where any changes in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

I authorise the Bank to provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or conduct a similar control of the Bank for tax purposes, a copy of this form and to disclose to such tax authorities or such party any additional information that the Bank may have in its possession that is relevant to my qualification for any benefits claimed on the basis of this Declaration and Undertaking. I acknowledge and agree that information contained in this form and information regarding balances and any income paid or credited to or for the benefit of the account(s) to which the Entity holds may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information to the country or countries in which I am resident for tax purposes.

Signature

Date

Name
 (please print)

Note: if you are not the Controlling Person please indicate the capacity in which you are signing this form below. If you are signing under a Power of Attorney please also attach a certified copy of the Power of Attorney.

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