Foreign Account Tax Compliance Act (FATCA) Form



Please complete this form using black ink and BLOCK CAPITALS and return to us at Charter Savings Bank, PO Box 855, Wallsend, NE28 5BI

If you have any important or original documents to send to us, we recommend using a Special Delivery option for your own peace of mind.

1st account holder's details	2nd account holder's details		
Title (Mr/Mrs/Miss/Ms):	Title (Mr/Mrs/Miss/Ms):		
First name:	First name:		
Middle name(s):	Middle name(s):		
Surname:	Surname:		
Permanent residential address:	Permanent residential address:		
Postcode:			
Date of Birth: DD - MM - YYYY	Date of Birth: DD - MM - YYYYY		
Nationality:	Nationality:		
	1st account holder	2nd account holder	
I am resident in the UK for tax purposes and do not have any liability to pay tax in any country other than the UK.	Yes No	Yes No	
Are you a US citizen?	Yes No	Yes No	
If you are resident for tax purposes or a citizen of any country oth	ner than the UK, then please pr	ovide details below.	
1st account holder	2nd account holder	2nd account holder	
Country of Citizenship:	Country of Citizenship:		
Country of Tax Residency:	Country of Tax Residency:		
Tax Identification Number:	Tax Identification Number:		
If you are liable to pay tax in a country other than the UK or in add to the tax authorities of these other countries if legislation require		nay provide details of your accounts with us	
Your signature(s)	Your signature(s)		
1st account holder's signature	2nd account holder's sig	nature	
Signed:	Signed:		
Date: DD - MM - YYYYY	Date: DD - MM -	- <u>Y Y Y Y</u>	

We can provide literature in large print, Braille and audio. Please ask us for this leaflet in an alternative format if you need it. If you require any additional support with managing your account, you can contact us either by phone, in writing or by visiting **chartersavingsbank.co.uk/help/additional_support** for more information.