



Tax Certification Form - Individual

BANK USE ONLY

Customer Name
CIF Number

Section 1

Mr. Mrs. Ms. Miss Other _____

First Name _____ Middle Name(s) _____ Last Name _____

Maiden or Previous Name(s) (If applicable) _____

Residential Address (Physical Address) _____

Mailing Address (If different from above) _____

Home Telephone _____ Work Telephone _____ Cellphone _____

Email Address _____ Date of Birth (DD/MM/YYYY) _____ Country of Birth/Nationality _____

Section 2

Are you a UK Resident for tax purposes? Yes No Are you a U.S. Person for tax purposes? Yes No

Are you a tax resident of any countries outside Bermuda? Yes No Tax Certification Type W9 W8BEN W8/W9 Effective Date (DD/MM/YYYY) _____

If, YES please check all applicable tax jurisdictions:

<input type="checkbox"/> United States	Tax ID# _____	<input type="checkbox"/> Other _____	Tax ID# _____
<input type="checkbox"/> United Kingdom	Tax ID# _____	<input type="checkbox"/> Other _____	Tax ID# _____
<input type="checkbox"/> Other _____	Tax ID# _____	<input type="checkbox"/> Other _____	Tax ID# _____

If either address indicated in Section 1 is located outside Bermuda, but you have not checked an applicable tax jurisdiction or provided a valid Tax ID#, please provide us with further information on why you are not considered a taxable person. Where appropriate, please provide supporting documentation.

Loss of Nationality Details (If applicable)

Certification of Tax Status

I declare that I have examined the information on this Tax Certification Form - Individual ("Form") and to the best of my knowledge and belief, it is true, correct and complete. I further confirm and certify that:

- A. I am a beneficial owner of the account(s) specified on this Form for which this information has been provided, or I am authorized to sign on behalf of the beneficial owner of the account in accordance with the capacity(ies) stated for each reported account on this Form, or I am a substantial owner, or controller of an entity account, e.g. a company, trust, business, partnership, association, etc.
- B. I will comply with all tax and exchange control laws, regulations and reporting requirements imposed by any applicable jurisdiction with which the Government of Bermuda has signed an Intergovernmental Agreement or such other agreement to share tax information and to promote transparency on tax matters.
- C. I authorize the Group to disclose, in its sole discretion, a copy of this Form and or any information regarding any account to which I am a party, to any regulatory or tax authority or to any entity authorised to act on behalf of such authority. I further authorize the Group to disclose this Form or any information regarding any account to which I am a party to any withholding agent, custodian, correspondent, or other counterparty acting as agents for and on behalf of Clarien.
- D. Should there be any changes to any information on this Form or to my tax status as set out herein, I agree to **provide an updated Form within 30 days of becoming aware of** any such change in information or status.
- E. I understand and agree that any failure to provide information as agreed herein shall entitle Clarien or any of the Group as may be applicable, in its sole discretion, to take such action in relation to any account held by me as beneficial owner, whether solely or jointly with another, as may be deemed appropriate in the circumstances, and in accordance with Clarien's **Banking Terms & Conditions** (which may be found at www.clarienbank.com), including but not limited to closing or suspending the account until such additional information is provided to Clarien or the Group.
- F. In consideration of the above premises and the Group continuing to maintain this account, I hereby agree to indemnify on a continuing basis and to hold harmless the Group and its shareholders, directors, officers, employees, servants or agents from any and all claims, liabilities, damages, loss, penalties or expense arising from the lawful disclosure and reporting of any information concerning my/its account(s) to the appropriate authority.
- G. I have had the opportunity to read and agree to be bound by Clarien's Banking Terms and Conditions detailed at www.clarienbank.com as may be updated and in force from time to time.

Signed: _____ Dated (DD/MM/YYYY) _____

If you are not the account holder, please indicate the capacity in which you are signing this form. _____

If signing under a Power of Attorney, a certified copy of the Power of Attorney is required.