



Tax Reporting Information - Entity

We are obliged under the Isle of Man Income Tax Act 1970, Regulations, Guidance Notes made pursuant to that Law and Treaties and Intergovernmental Agreements 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 and provide any additional information that is requested. Please note that 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 below regarding your tax residence or 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 refer to the OECDs CRS Commentaries, the OECD AEOI Portal, the Isle of Man's FATCA and/or CRS guidance or contact your tax advisor.

1. General

Section 1: Account Holder Identification

Legal name of Entity/Branch

Registered Address
(Including Postcode)

Correspondence address
(If different from above)

2. US FATCA

Section 2: US Persons

Please tick and complete as appropriate:

The entity is a Specified US Person

Yes No

If yes please state US federal taxpayer identifying number below:

US federal taxpayer identifying number

The entity is a US Person that is not a Specified US Person.

Yes No

If yes please indicate Exemption below:

Exemption

If the entity is not a US Person, please also complete the following section (Section 3)

Section 3. US FATCA Classification for all Non-US Entities

Please complete if the entity is not a US Person:

(3.1) If the entity is a Registered Financial Institution, please tick one of the categories below and provide Global Intermediary Identification Number at 3.1.1:

(a) Isle of Man or IGA Partner Jurisdiction Financial Institution

(b) Registered Deemed Compliant Foreign Financial Institution

(c) Participating Foreign Financial Institution

(3.1.1) Global Intermediary Identification Number (GIIN)

(3.2) If the entity is a Financial Institution but unable to provide a GIIN, please tick one of the reasons below:

(a) The entity is a **Sponsored Financial Institution** (including a Sponsored Investment Entity and Sponsored Closely Held Investment Vehicle) and has not yet obtained a GIIN but is sponsored by another Entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN below:

Sponsoring Entity's Name

Sponsoring Entity's GIIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(b) The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN below:

Trustee's Name

Trustee's GIIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(c) The Entity is a Certified Deemed Compliant, or other Non-Reporting Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution). Please indicate exemption below:

Exemption

(d) The Entity is an **Owner Documented Financial Institution**

(e) The Entity is a **Non-Participating Foreign Financial Institution**

2. US FATCA (Continued)

Section 3. US FATCA Classification for all Non-US Entities

(3.3) If the Entity is not a Financial Institution please confirm the Entity's FATCA status below:

(a) The Entity is an Exempt Beneficial Owner. Indicate status below:

Status

(b) The Entity is an Active Non-Financial Foreign Entity (included an Excepted NFFE)

(c) The Entity is a Passive Non-Financial Foreign Entity

(i) If the Entity is a Direct Reporting NFFE, please provide the Entity's name and GIIN below:

Sponsoring Entity's Name

Sponsoring Entity's GIIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(ii) If the Entity is a Sponsored Direct Reporting NFFE, please provide the Sponsoring Entity's Name and GIIN below:

Sponsoring Entity's Name

Sponsoring Entity's GIIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you have confirmed that the Entity is a passive Non-Financial Foreign Entity please provide details of the Controlling Persons by completing Part 4 of this form.

3. The Common Reporting Standard

Section 4: Declaration of Tax Residence

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

Jurisdiction of Tax Residence	<input type="text"/>
TIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<small>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).</small>
Jurisdiction of Tax Residence	<input type="text"/>
TIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<small>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).</small>
If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (such as the jurisdiction does not issue such numbers)	<input type="text"/>

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

Section 5: CRS Classification

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.

(5.1) If the Entity is a Financial Institution please tick this box and specify the type of Financial Institution below	<input type="checkbox"/>
(5.1.1) Depository Institution	<input type="checkbox"/>
(5.1.2) Custodial Institution	<input type="checkbox"/>
(5.1.3) Investment Entity- within the meaning of Section VIII, A.6(a) of the CRS	<input type="checkbox"/>
(5.1.4) 'Managed' Investment Entity - within the meaning of Section VIII, A.6(b) of the CRS	<input type="checkbox"/>
(5.1.5) Specified Insurance Company	<input type="checkbox"/>

If you have ticked the box at 5.1.4 and the Entity is resident in a Non-Participating Jurisdiction, the Entity will be treated as a Passive Non-Financial Institution, therefore, please provide details of the Controlling Persons by completing Part 4 of this form.

3. The Common Reporting Standard

Section 5: CRS Classification (Continued)

[5.2] Please specify the type of Non-Reporting CRS Financial Institution below:

Governmental Entity	<input type="checkbox"/>
International Organisation	<input type="checkbox"/>
Central Bank	<input type="checkbox"/>
Broad Participation Retirement Fund	<input type="checkbox"/>
Narrow Participation Retirement Fund	<input type="checkbox"/>
Pension Fund of a Governmental Entity, International Organisation or Central Bank	<input type="checkbox"/>
Exempt Collective Investment Vehicle	<input type="checkbox"/>
Trustee Documented Trust	<input type="checkbox"/>
Qualified Credit Card Issuer	<input type="checkbox"/>
Other Entity defined under domestic law as low risk of being used to evade tax. Please specify the type below:	<input type="checkbox"/>
<input type="text"/>	
If the Entity is an Active Non-Financial Entity please tick this box	<input type="checkbox"/>
If the Entity is a Passive Non-Financial Entity please tick this box	<input type="checkbox"/>

If you have confirmed that the Entity is a Passive Non-Financial Foreign Entity please provide details of the Controlling Persons by completing Part 4 of this form.

Section 6: Entity Declaration and Undertakings

I declare (as the authorised signatory of the Entity) that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change 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 hereby consent to the recipient sharing this information with the relevant tax information authorities.

Authorised Signatory	<input type="text"/>
Print Name	<input type="text"/>
Position/Title	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Controlling Persons

Please complete the following section in full for each Controlling Person.

Section 7: Identification of a Controlling Person

(7.1) Name of Controlling Person

First/Given Name

Middle Name

Surname/Family Name

(7.2) Current Residential Address

Residential Address

(Including Postcode)

(7.3) Mailing Address

Correspondence Address

(If different from above)

(7.4) Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(7.5) Place of Birth

Town or City of Birth

Country of Birth

Section 8: Declaration of Tax Residence

Please indicate the Controlling Person's place of tax residence. If resident in more than one jurisdiction please detail all jurisdictions and associated Tax Identification Number (TIN) for each jurisdiction.

Jurisdiction of Tax Residence

TIN (Tax Identification Number/Reference)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If a TIN is not available please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number).

Jurisdiction of Tax Residence

TIN (Tax Identification Number/Reference)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If a TIN is not available please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number).

If no TIN or functional equivalent is available for any of the jurisdictions listed, please advise the reason why (such as the jurisdiction does not issue such numbers).

Further information on the issuance rules for TINs and their format can be found on the OECDs AEOI Portal.

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

4. Controlling Persons

Section 9: Type of Controlling Person

Please provide the Controlling Person's status by ticking the appropriate box below

Controlling Person of a Legal Person - Control by Ownership	<input type="checkbox"/>
Controlling Person of a Legal Person - Control by Other Means	<input type="checkbox"/>
Controlling Person of a Legal Person - Senior Managing Official	<input type="checkbox"/>
Controlling Person of a Trust - Settlor	<input type="checkbox"/>
Controlling Person of a Trust - Trustee	<input type="checkbox"/>
Controlling Person of a Trust - Protector	<input type="checkbox"/>
Controlling Person of a Trust - Beneficiary	<input type="checkbox"/>
Controlling Person of a Trust - Other	<input type="checkbox"/>
Controlling Person of a Legal Arrangement (Non-Trust) - Settlor Equivalent	<input type="checkbox"/>
Controlling Person of a Legal Arrangement (Non-Trust) -Trustee Equivalent	<input type="checkbox"/>
Controlling Person of a Legal Arrangement (Non-Trust) - Protector Equivalent	<input type="checkbox"/>
Controlling Person of a Legal Arrangement (Non-Trust) - Beneficiary Equivalent	<input type="checkbox"/>
Controlling Person of a Legal Arrangement (Non-Trust) - Other Equivalent	<input type="checkbox"/>

Section 10: Controlling Person Declaration and Undertakings

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 this account(s) is 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 all 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 recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

Signature	<input type="text"/>	Capacity	<input type="text"/>
Print Name	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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