

CRS ENTITY SELF CERTIFICATION

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE FORM

Why are we asking you to complete this form? To help protect the integrity of tax systems, governments around the world are introducing a new information gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (the CRS). Under the CRS, we are required to determine where an entity is 'tax resident' (this will usually be where you are liable to pay corporate income taxes). If you are tax resident outside the country/jurisdiction where your account is held, we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different countries'/jurisdictions' tax authorities. Completing this form will ensure that we hold accurate and up to date information about your tax residency. If your circumstances change and any of the information provided in

this form becomes incorrect, please let us know immediately and provide an updated Self-Certification.

Who should complete the CRS Entity Self-Certification Form? Business banking customers (which includes all businesses, trusts and partnerships except sole traders) should complete this form. If you are a personal banking customer or a sole trader complete an Individual Self-Certification Form. For joint account holders, a copy of the form should be completed for each account holder. Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation. Please tell us in what capacity you are signing in Part 4. For example, you may be an authorized officer of the business or a trustee.

Part 1

Legal Name.....

Country/Jurisdiction of Incorporation.....

Registered Office.....

Country.....Postal code/Zip Code.....

Mailing Address (please complete if different from address above)

Country.....Postal code/Zip Code.....

Part 2

Entity Type Please provide the Account Holder's Status by ticking one of the following boxes.

1.

a. Financial Institution – Investment Entity

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
(Note: if ticking this box please also complete Part 2 (2) below)

ii. Other Investment Entity

b. Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked **a.** or **b.** above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

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c. Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

If you have ticked **c**, please provide the name of the established securities market on which the corporation is regularly traded:

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If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in **c** is a Related Entity of:

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- d. Active NFE – a Government Entity or Central Bank
- e. Active NFE – an International Organisation (for example the United Nations or World Health Organisation)
- f. Active NFE – other than **c. – e.** (for example a start-up NFE or a non-profit NFE)
- g. Passive NFE (**Note:** if ticking this box please also complete **Part 2.**) below

2.

If you have ticked **1. a. i** or **1. g.** above, then please:

a. Indicate the name of any Controlling Person(s) of the Account Holder:

b. Complete “Controlling Person tax residency self-certification form” for each Controlling Person.

Note: If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official. (See definition of Controlling Person in Appendix)

Part 3

Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)

Please complete the following table indicating:

- i. where the Account Holder is a tax resident;
- ii. the Account Holder’s TIN for each country/jurisdiction indicated.

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason **A, B** or **C**:

Reason A The country/jurisdiction where the Account Holder is liable to pay tax does not issue TINs to its residents

Reason B The Account Holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C No TIN is required. (Note. Only select this reason if the authorities of the country/jurisdiction of tax residence entered below do not require the TIN to be disclosed)



Country/Jurisdiction of tax residence

TIN

If no TIN available enter

Reason A, B or C

1.			
2.			
3.			

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.	
2.	
3.	

Part 4

Declarations and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with Republic Bank (Ghana) PLC (the Bank) setting out how the Bank may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to the Bank and that such information may be provided to the tax authorities of the country/jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

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

I undertake to advise the Bank within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Bank with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature.....

Full Name.....

Date.....

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.



Capacity:.....