Name: CUSTOMER DECLARATION - INDIVIDUAL SOLE TRADER ID: DMS-201805-Branch Items-FATCA Reference Material-101177 Version: 1.2.0.0 Effective Date:02-14-2019 12:00:00

Authorized Signature: \_\_\_



## **CUSTOMER DECLARATION**

## Individual/ Sole Trader

	Date:				
	N INFORMATION OF BEN				
CIF#:	nt account is required to comple	te a separate Jorm)			
Customer Name	e:				
Identification:	ID#:			DD#•	
			PP#:		
Legal Address:			Mailing Address (if different from Legal):		
Date of Birth:			Power of Attorney (if applicable):		
Country of Birth:					
Nationality:					
Contact#:	(H):	(W):		(M):	
Do you hold citizenship/ nationality/ residency status in another country/ countries:					
RESIDENCY INFORMATION OF BENEFICIAL OWNER					
Are you a person who must comply with a disclosure requirement of tax residency?   Yes   No					
If Yes, please list country/ countries of residency for tax purposes, and your corresponding tax identification information, e.g. Social Security Number (SSN), Individual Tax Identification Number (ITIN) or Inland Revenue					
Number (IRN) (where applicable):					
. , , .	Country	Tax ID Type a	nd Number	If Tax ID is unavailable,	
	Country	Tax ID Type u	ila italiibei	please state reason A,B or	c.
				(with explanation where necessar	
					_
<b>Reason A-</b> The country/ jurisdiction where Account Holder is liable to pay tax does not issue Tax IDs to its residents.					
<b>Reason B-</b> The Account Holder is otherwise unable to obtain a Tax ID or equivalent number ( <i>Include explanation above</i> ) <b>Reason C-</b> No Tax ID is required (note: only select this reason if the authorities of the country of residence for tax purposes					
do not require the Tax ID to be disclosed).					
DECLARATION					
I, do hereby solemnly and sincerely declare as follows:					
1. I hereby certify/confirm that the information on this Form is to the best of my knowledge and belief, true, correct and					
complete.  2. I am not a citizen or resident for tax purposes of any country other than those listed in the section of this Form					
"Residency Information of Beneficial Owner".					
3. I will notify First Citizens immediately, but no later than thirty (30), in the event of any change whatsoever to the					
information stated on this Form. I agree that I may be required, under certain circumstances, to provide additional					
information/ documents confirming my tax status before an account are opened.  4. I agree that First Citizens may provide to the United States Internal Revenue Service and to any relevant tax authority					
(or any party authorized to act on behalf of such an authority) any of the information provided on this Form or any					
information that may be required to be provided by law to the United States Internal Revenue Service or any other					
relevant tax authority relating to my account(s) with First Citizens.					
Customer Signature: Date:					
*Parent, Guardian or Legal Representative Signature:  Only applicable when a customer is either a Minor or is otherwise Legally Represented					
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CSP Signature:				Date:	

FORM NO FCD1 Rev January 2019

Date: \_\_\_\_\_

Page 1 of 1