

## **CUSTOMER DECLARATION**

Sole Trader (Business Account)

Date:

IDENTIFICATION INFORMATION OF BEN	EFICIAL OWNER				
CIF#:					
Customer Name:					
Identification:VAT#:Co. Reg#:BIR#:					
Legal Address:		Mailing Address (if different from Legal):			
Date of Registration:		Power of Attorney (if applicable):			
Country of Registration:					
Contact#: (Bus):	(Own	er Mobile):		(Fax]:	
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 i	s unavailable,	
		please state reason A,B or C.			
			(with explanati	ion where necessary)	
Reason A- The country/ jurisdiction where Ac	count Holder is liabl	le to nav tax doe	s not issue Tax I	Ds to its residents	
<b>Reason B-</b> The Account Holder is otherwise u					e)
Reason C- No Tax ID is required (note: only se		ne authorities of t	the country of r	esidence for tax purp	ooses
do not require the Tax ID to be dis	closed).				
DECLARATION	de hereburg			f-ll	
<ol> <li>I, do hereby solemnly and sincerely declare as follows:</li> <li>I hereby certify/confirm that the information on this Form is to the best of my knowledge and belief, true, correct and</li> </ol>					
complete.					
<ol> <li>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".</li> </ol>					
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			Internal Revenu	ue Service or any oth	ier
relevant tax authority relating to my acc	ount(s) with First Cit	lizens.			
Customer Signature:	Date:				
*Legal Representative Signature:					
Only applicable when a customer is Legally Repre					
			<b>.</b> .		
CSR Signature:			Date:		
Authorized Signature:			Date:		