Commercial International Bank Kenya Limited

CONTROLLING PERSON TAX RESIDENCY SELF CERTIFICATION FORM

PART 1 – IDENTIFICATION OF A CONTROLLING PERSON*

Name of Controlling Person:

First name _____ Middle name (s) _____ Surname _____ Mr. ☐ Mrs. ☐ Miss ☐ Other ☐ If other, specify _____

Title _____

Current Residence Address:

Address Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)* _____

Address Line 2 (e.g. Town/City/Province/County/State)* _____

Country: _____ Postal Code/ZIP Code (if any): _____

Mailing Address: (please complete if Section B above not completed)

Address Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)* _____

Address Line 2 (e.g. Town/City/Province/County/State)* _____

Country: _____ Postal Code/ZIP Code (if any): _____

Date of birth: D D M M Y Y Y Y Country of Birth _____ Town/City of Birth _____

Please enter the legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person

Legal name of Entity 1 _____

Legal name of Entity 2 _____

Legal name of Entity 3 _____

PART 2 – COUNTRY/JURISDICTION OF RESIDENCE - for Tax Purposes and related Taxpayer Identification Number or functional equivalent

Please complete the following table indicating:

i. where the Controlling Person is tax resident; for tax purposes
ii. the Controlling Person's TIN for each country/jurisdiction indicated; and,
iii. if the Controlling Person is a tax resident in a country/jurisdiction that is a Reportable Jurisdiction(s) then please also complete **Part 3 "Type of Controlling Person".**

If the Controlling Person 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 where the Controlling Person is resident does not issue TINs to its residents
Reason B - The Account Holder is otherwise unable to obtain a TIN (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 domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax residence	TIN	If no TIN available enter reason A, B or C

Please explain below why you are unable to obtain a TIN if you selected Reason B above.

_____

_____

PART 3 – TYPE OF CONTROLLING PERSON

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

	Please provide the Controlling Person's Status by ticking the appropriate box.	Entity 1	Entity 2	Entity 3
a.	Controlling Person of a legal person – **control by ownership**			
b.	Controlling Person of a legal person – **control by other means**			
c.	Controlling Person of a legal person – **senior managing official**			
d.	Controlling Person of a trust - **settlor**			
e.	Controlling Person of a trust – **trustee**			
f.	Controlling Person of a trust – **protector**			
g.	Controlling Person of a trust – **beneficiary**			
h.	Controlling Person of a trust – **other**			
i.	Controlling Person of a legal arrangement (non-trust) – **settlor-equivalent**			
j.	Controlling Person of a legal arrangement (non-trust) – **trustee-equivalent**			
k.	Controlling Person of a legal arrangement (non-trust) – **protector-equivalent**			
l.	Controlling Person of a legal arrangement (non-trust) – **beneficiary-equivalent**			
m.	Controlling Person of a legal arrangement (non-trust) – **other-equivalent**			

PART 4 – DECLARATION 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 CIB KE setting out how CIB KE may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported 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 [I/the Controlling 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 CIB KE 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 or incomplete, and to provide CIB KE a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

I certify that I am the Controlling Person or I am authorized to sign for the Controlling Person, of all the account(s) held by the entity Account Holder to which this for relates

Name _____

Signature _____

Note: If you are not the Controlling Person 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.

Name and Capacity: _____

PART 5 – OFFICIAL USE

Processed By: _____ Designation _____ Signature _____

Verified By: _____ Designation _____ Signature _____