Commercial International Bank Kenya Limited

FINANCIAL INSTITUTION TAX RESIDENCY SELF CERTIFICATION FORM

PART 1 – IDENTIFICATION OF ACCOUNT HOLDER

Legal Name of Entity/Branch: _____

Country of Incorporation or Organization: _____

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): _____

PART 2 – TYPE OF FINANCIAL INSTITUTION

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

Section 1: Financial Institution (FI)

(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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Section 2: If you have ticked 1(a)(i)

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

No.	Name of Controlling Persons
1	
2	
3	
4	
5	

(b) Complete "Controlling Person tax residency self-certification form" for each Controlling Person.*

PART 3 – COUNTRY/JURISDICTION OF RESIDENCE - for Tax Purposes and related Taxpayer Identification Number or functional equivalent* ("TIN")

Please complete the Tax Status Table indicating:

i. If the Account Holder is not Resident for tax purposes in any jurisdiction because for example, it is fiscally transparent, please indicate that on line 1 in table below and provide its place of effective management or country in which its principal office is located
ii. If the Account Holder is Resident for tax purposes is more than three countries please use separate sheet
iii. If a Taxpayer Identification number or functional equivalent (hereinafter referred to as 'TIN') is unavailable, please provide the appropriate reason A, B or C where appropriate:

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)

Tax Status Table:

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 4 – DECLARATION AND SIGNATURE

I acknowledge that the information contained in this form and information regarding the Account Holder 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 the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

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

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, (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide CIB KE a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature: _____

Date: _____

Note: Please indicate the capacity in which you are signing the form (for example 'Authorised Officer') 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 _____