Commercial International Bank Kenya Limited

INDIVIDUAL TAX RESIDENCY SELF CERTIFICATION FORM

PART 1 – IDENTIFICATION OF ACCOUNT HOLDER

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 _____

PART 2 – COUNTRY/JURISDICTION OF RESIDENCE - for Tax Purposes and related Taxpayer Identification Number or equivalent number* ("TIN")

Please complete the following table indicating:

i. where the Account Holder is tax resident and
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 where indicated below:
Reason A - The country 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 (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 – DECLARATIONS AND SIGNATURE

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing my 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 any Reportable Account(s) may be provided to the tax authorities of the Kenya and exchanged with tax authorities of another country/jurisdiction in which I 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 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 with 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 _____