WIB
WINDWARD ISLANDS BANK

Individual Tax Residency Self-Certification Form

Individuals/Sole Proprietors

Please complete this form if you are an individual account holder or sole proprietor
In cases of joint or multiple account holders, complete a separate form for each individual person per account. For more information on tax residence, please consult your tax adviser or the information at www.oecd.org/tax/automatic-exchange/ or www.irs.gov.

If the Account Holder is a U.S. person, the account holder should complete this self-certification form. In addition, the Account Holder may also need to fill in the applicable Internal Revenue Service (IRS) forms. Where the Account Holder is a U.S. person and is resident for tax purposes outside the U.S., the Account Holder must indicate this under Part 2 of this self-certification form as well.

If you are filling in this form on behalf of someone else
If you are the custodian or nominee of an account and are completing this form in that capacity on behalf of the account holder; or you are completing the form under a power of attorney, then complete in Part 3 in what capacity you are signing this Form, and attach a supporting documentation, for example, a Power of Attorney, a Representation Agreement or Court decision.

If the account holder is a minor, this form must be completed by the legal guardian on behalf of an account holder.

As a financial institution, we are not allowed to give tax advice
Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status.

Please complete parts 1-3 in BLOCK CAPITALS

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Part 1

Individual Account Holder

A. Name Account Holder

Given Name(s):_____
Middle Name(s):_____
Last Name(s): _____

B. Date of Birth: *(dd/mm/yyyy)* _____

C. Place of Birth: _____

D. Residence
Residence address: _____
Country of residence:_____

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/jurisdiction where the Account Holder is resident does not issue TINs to its residents
- **Reason B -** The Account Holder is otherwise unable to obtain a TIN or equivalent number(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 authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

Country/Jurisdiction of Tax Residence	TIN	If no TIN available enter Reason A,B or C
1		
2		
3		

If applicable, please explain in the following boxes why you are unable to obtain a TIN if you selected Reason **B** above.

1	

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2	
3	

Part 3

Declarations and Signature

I agree that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided by The Windward Islands Bank Ltd. 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 the Account Holder (or 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 The Windward Islands Bank Ltd. 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 The Windward Islands Bank Ltd. with a suitably updated Self-certification form within 30 days of the occurrence of such change in circumstances**.**

Signature: _____

Print name: _____

Date: _____

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form and provide supporting documentation.

Capacity: _____