

CRS/FATCA Individual/Entity Self-Certification



Please see our useful forms section on our website for the Common Reporting Standard "CRS" and Foreign Account Tax Compliance Act "FATCA" Appendix with further definitions and information on the below classifications

Self-Certification for FATCA and CRS (PLEASE USE BLOCK CAPITALS)

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM:

Please select the relevant account type and complete Section 1(a), 2 and 5.

- Individual Joint ARF AMRF
 Cantor PRB Cantor PRSA

Please select the relevant account type, and complete Section 1(b), 2, 3, 4 (if applicable) and 5.

- Corporate Trust Charity Institutional Pension (e.g. Trust Structure) Partnership
 Other type of entity (Please note legal structure):

PLEASE NOTE: If you believe the above instruction does not apply to your account type please complete the form as per your local tax advice.

SECTION 1: Account Details

1(a): Personal Details Please complete if applicable to your account type, based on the instructions noted above:

Person 1

Title Mr Mrs Ms Miss Other
Surname
Forename(s)
Residential Address

Person 2

Title Mr Mrs Ms Miss Other
Surname
Forename(s)
Residential Address

1(b): Entity Details Please complete if applicable to your account type, based on the instructions noted above:

Entity Name (Legal)
Registered Address
 Country:

SECTION 2: Declaration of Person or Entities Tax Residency All account types MUST complete

Name of Person/Entity	Country of Tax Residency(List all)	Tax ID Number (TIN)	If TIN not available, please indicate reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: Entity's Classification Please complete if applicable to your account type, as per the instructions at the start of this form

You are required to choose one CRS classification and one FATCA classification within this section.

You MUST choose one of the below options:

FATCA Classification

- Reporting Model 1 FFI
 Reporting Model 2 FFI

GIIN (if applicable)

(continued on following page)

ALL RELEVANT SECTIONS MUST BE COMPLETED

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ALL RELEVANT SECTIONS MUST BE COMPLETED

- Participating FFI
- Registered Deemed Compliant (other than Reporting Model 1 FFI/Sponsored FFI or Non-Reporting IGA FFI)
- Sponsored Direct Reporting NFFE
- Direct Reporting NFFE
- Sponsored FFI
- Non-Reporting IGA
- Foreign Government
- Entity Wholly Owned by an Exempt Beneficial Owner
- 501 (c) Organization
- International Organization
- Exempt Retirement fund
- Active Non-Financial Foreign Entity
- Non-Profit Organization
- Passive Non-Financial Foreign Entity **(also complete Section 4 for Controlling Persons)**
- Other Specify:

If the GIIN provided above is issued in the name of your sponsor, please provide your sponsor's name and sponsor's GIIN

Name of the sponsoring Entity

GIIN number of the sponsoring Entity

You MUST choose one of the below options:

CRS Classification

- Financial Institution other than investment entity (custodial institution, depository institution/specified insurance company)
- Financial Institution non-reporting according to local jurisdiction legislation where you are a resident
- Investment Entity with Tax Residence in a non-participating jurisdiction and managed by another FI **(also complete Section 4 for Controlling Persons)**
- Passive Non-Financial Entity **(also complete Section 4 for Controlling Persons)**
- Active Non-Financial Entity which is a Government/Central Bank/International Organization
- Active Non-Financial Entity (corporation that is publically traded or an affiliate of a publicly traded corporation)
- Active Non-Financial Entity-other
- Other investment entity

You can find further definitions on the different classification on our CRS/FATCA Appendix accessible at cantorfitzgerald.ie

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SECTION 4: CRS and FATCA – Controlling Persons (“CP”) Identification Please complete this section if you have completed section 1(b) **AND** have selected an entity classification, in the previous section, that notes section 4 must be completed.

- For a Trust this includes the settlor, the trustees, the protector (if any) and any known beneficiaries
- For a Corporation or Non-Corporate entity (other than a Trust) this would include natural persons who own or control, directly or indirectly, 25% or more of the entity
- Where no natural person is identified, the senior managing official is a controlling person
- TIN or equivalent must be provided
- Refer to table below for CP types

Should the below space not be sufficient, please provide information on a separate sheet.

Should Controlling Persons have more than one tax residence, please use the below space or provide information on a separate sheet.

ALL RELEVANT SECTIONS MUST BE COMPLETED

Controlling Persons type code	Print Name & Signature*	Date of birth (dd/mm/yyyy)	Full residence address	Tax residence country	TIN /If TIN not available please indicate reason

*By signing you are confirming the information to be accurate and complete.

Controlling Persons Type codes:

CP of legal person – ownership	801	CP of legal arrangement – trust – other	808
CP of legal person – other means	802	CP of legal arrangement – other – settlor-equivalent	809
CP of legal person – senior managing official	803	CP of legal arrangement – other – trustee-equivalent	810
CP of legal arrangement – trust – settlor	804	CP of legal arrangement – other – protector-equivalent	811
CP of legal arrangement – trust – trustee	805	CP of legal arrangement – other – beneficiary-equivalent	812
CP of legal arrangement – trust – protector	806	CP of legal arrangement – other – other-equivalent	813
CP of legal arrangement – trust – beneficiary	807	Unknown	UN

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SECTION 5: Declaration and Undertakings All account types MUST complete

- (a) I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- (b) I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided 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 under the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).
- (c) I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- (d) If there is a change in circumstances that affects the tax residence status of the Account Holder or causes the information contained herein to become incorrect or incomplete, I understand that I am obligated to inform Cantor Fitzgerald Ireland of the change in circumstances within 30 days of its occurrence and to provide a suitably updated CRS or FATCA self-certification.

Client Acceptance

If you completed section 1(a) please ensure all beneficiaries sign below:

PERSON 1

Print Name

Date Signed

PERSON 2 (if applicable)

Print Name

Date Signed

If you completed section 1(b) please ensure the relevant authorised signatories sign below:

AUTHORISED SIGNATORY 1

Print Name

Date Signed

AUTHORISED SIGNATORY 2 (if applicable)

Print Name

Date Signed

ALL RELEVANT SECTIONS MUST BE COMPLETED