

CRS and FATCA Self-Certification for Controlling Persons

Switzerland has concluded various agreements on the Automatic Exchange of Information/"Common Reporting Standard" (CRS)¹ with several jurisdictions². Based on these agreements as well as based on the FATCA regulations Swiss banks are obliged to collect information from their clients on their tax domicile resp. on their US tax status. If you require guidance for completing this form, please refer to the Guidance Notes available with the bank (www.cic.ch/en/fatca-crs).

The form "CRS and FATCA Self-Certification for Controlling Persons" is intended exclusively for Controlling Persons. In case of multiple Controlling Persons, a separate form must be submitted for each Controlling Person.

Part 1 – Basic Information about the Controlled Organization / Account Holder

Name of Organization
(Account Holder):

Part 2 – Basic Information about the Controlling Person

First Name(s):

Last Name(s):

Date of Birth (dd/mm/yyyy):

Registered address:

Street:

Post Code:

City:

Country:

Type of Controlling Person (Please cross only one type of control)

For legal entities:

For trusts and other legal arrangements

(incl. foundations and underlying companies):

- | | | |
|--|--|--|
| <input type="checkbox"/> Controlling Person by ownership | <input type="checkbox"/> Settlor (or equivalent) | <input type="checkbox"/> Beneficiary (or equivalent) |
| <input type="checkbox"/> Controlling Person by other means | <input type="checkbox"/> Trustee (or equivalent) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Senior managing official | <input type="checkbox"/> Protector (or equivalent) | |
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Part 3 – Tax Residency of the Controlling Person

Please specify the jurisdiction(s) (**full name, no abbreviations**) in which the Controlling Person is resident for tax purposes and the corresponding tax identification number(s) (TIN):

Jurisdiction:	TIN:	or TIN unavailable*	<input type="checkbox"/>
Jurisdiction:	TIN:	or TIN unavailable*	<input type="checkbox"/>
Jurisdiction:	TIN:	or TIN unavailable*	<input type="checkbox"/>

* If unavailable, please specify the reason for non-availability:

If the jurisdiction of tax residence does not match the country of the residence address provided in Part 2 of this form or if the controlling person has multiple tax residences, please explain:

Part 4 – US Person Status of the Controlling Person

Is the Controlling Person a US person?

- No
- Yes (please provide Swiss Bank Secrecy Waiver and IRS Form W-9 available under www.cic.ch/en/fatca-crs)
- US citizenship (*sole or dual citizenship*)
 - US residency (*e.g. green card holder, or anyone who meets the "substantial presence test"*)
 - US place of birth
 - US person under US tax principles for any other reason (*e.g. dual residency, spouse filing jointly, long-term permanent residency in the US, others*)
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¹ A description of CRS as well as your rights and obligations is available under www.cic.ch/en/fatca-crs

² For a list of jurisdictions please refer to <https://www.sif.admin.ch/sif/en/home/themen/internationale-steuerpolitik/automatischer-informationsaustausch.html>

Part 5 – Certification

The client certifies to have examined the information on this form and to the best of his knowledge and belief it is true, correct and complete. It is a criminal offence to deliberately provide false information on this form. **The client undertakes to advise the bank within 30 days of any change in circumstances which affects the tax residence status or the US Person status of the controlling person or causes any other information in this form to become incorrect.**

The client confirms that the person identified in Part 2 of this form has consented to the processing and disclosure of account information by the bank to competent authorities pursuant to national and international agreements and obligations.

(Optional) Signature Controlling Person

Place and date: _____ Print name: _____ Signature: _____

(Mandatory) Signature(s) of the Controlled Organization/Account Holder:

Signatory 1

Place and date: _____ Print name: _____ Signature: _____

Signatory 2 (if required)

Place and date: _____ Print name: _____ Signature: _____
