



TAX COMPLIANCE –ENTITY SELF-CERTIFICATION FORM

Please complete, where applicable, the relevant sections below in relation to all account(s) you have with The Belize Bank Limited (“the Bank”) and provide any additional information that may be required. Information provided on this form may be used to comply with any applicable tax or regulatory requirements.

This form is only intended for use by entities. If you hold an account or accounts with the Bank as an individual, please request and complete the Tax Compliance –Individual Self-Certification Form.

If the entity is a U.S. Person for US tax purposes under the United States Internal Revenue Service (“IRS”) regulations, you should complete an IRS Form W-9 to certify your tax status.

Please complete in print or typewritten form and affix your signature in the section indicated below.

A. Identification of Account Holder

Legal Name of Entity:		
Country of Incorporation:		
Company number (if applicable):		
Business Name/disregarded entity name, if different from above:		
Check Appropriate Box:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Business/Sole Proprietor	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Estate
	<input type="checkbox"/> Government	<input type="checkbox"/> NGO
	<input type="checkbox"/> Tax-Exempt Organisation	<input type="checkbox"/> Financial Institution
<input type="checkbox"/> Other _____		

Permanent Address:
Street, apt, suite (Not P.O. Box)
Province/State/Town
City
Country
Postal/Zip Code

Registered Address (if different from above):
Street, apt, suite (Not P.O. Box)
Province/State/Town
City

Country
Postal/Zip Code

Telephone Numbers: Home:_____ Work:_____
Cellular:_____
Email:

List Account Number(s):

B. Identification of beneficial owner or (s)/protector (if any) or settlor or trustee or any other natural person exercising effective control over the entity (as applicable)

Family Name or Surname(s):
First or Given Name:
Middle Names:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Permanent Residence Address:
Street, apt, suite (Not P.O. Box)
Province/State/Town
City
Country
Postal/Zip Code

Country of Birth:
Date of Birth:
Country of Residence:
Other citizenship:
Passport number(s):

Telephone Numbers: Home:_____ Work:_____
Cellular:_____
Email:

Family Name or Surname(s):
First or Given Name:
Middle Names:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Permanent Residence Address:
Street, apt, suite (Not P.O. Box)
Province/State/Town
City
Country
Postal/Zip Code

Country of Birth:
Date of Birth:
Country of Residence:
Other citizenship:
Passport number(s):

Telephone Numbers: Home:_____ Work:_____
Cellular:_____
Email:

Additional paper may be used if necessary.

C. Tax Residency Status of the Entity identified in Part A above

The entity identified above is a resident of : _____ for tax purposes.
Is the entity tax exempt for the country of tax residence? Yes <input type="checkbox"/> No <input type="checkbox"/>
If the entity is not tax exempt, please provide the entity's Taxpayer Identification Number (TIN) or functional equivalent for the country you have listed above: _____
Is the entity tax resident in more than one jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/>
If the entity is tax resident in more than one jurisdiction please complete the following: (1) Country: _____ Tin: _____
(2) Country: _____ Tin: _____
<input type="checkbox"/> I certify that the entity identified in Part A has no substantial U.S. owners, or
<input type="checkbox"/> I certify that that the entity identified in Part A, has provided the name, address and TIN of each substantial U.S. owner of the entity named in Part A above to the Bank.

* **A substantial U.S. owner** is one who owns 10% or more by vote or value or beneficial interest of an entity

D. ENTITY CERTIFICATION

Section 1 – For a Foreign Financial Institution (FFI) to Complete

If your organisation is an FFI, please complete (a) or (b) below as appropriate:

(a) Participating FFI <input type="checkbox"/> OR Registered Deemed Compliant <input type="checkbox"/>
Please provide the entity’s Global Intermediary Identification Number (GIIN): _____ - _____ - _____ - _____
If you do not have a GIIN but you are sponsored by another entity which does, please provide your sponsor’s GIIN above and state your sponsor’s name: _____
(b) If unable to provide a GIIN, please state why your organisation does not have a GIIN:

* An FFI is any non-U.S. entity that:

- Accepts deposits in the ordinary course of a banking or similar business;
- As a substantial portion of its business holds financial assets for the account of others; or
- Is engaged (or holding itself out as being engaged) primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, or any interest (including a futures or forward contract or option) in such securities, partnership interests, or commodities.

Section 2 – For a Non-Financial Foreign Entity (NFFE) (An NFFE is any non-U.S. entity that is not an FFI e.g. foreign corporations, foreign partnerships and trusts)

If the entity named in Part A above is an NFFE, please confirm the United States Foreign Account Tax Compliant Act (FATCA) tax status of the entity:
<input type="checkbox"/> Active NFFE (i.e. The entity is (i) not a U.S. entity (ii) less than 50% of such entity’s gross income for the preceding calendar year is passive income; and (iii) less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly)

(see definition below of passive income)

PASSIVE NFFE

(i.e. The entity is (i) not a U.S. entity and (ii) not a financial institution (other than an investment entity organized in a possession of the United States); and is (iii) not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

DIRECT REPORTING NFFE

(i.e. The entity is an NFFE that has elected to report its direct or indirect substantial US owners to the IRS on Form 8966, instead of providing information regarding its owners, the for purposes of FATCA, to withholding agents or Participating FFIs with whom it holds accounts, and will be treated as an excepted NFFE, meaning that payments made to it will not be subjected to withholding.

OTHER (If you tick this box, please state your FATCA tax status. You may be asked to provide additional information to support your status)

* **Passive income** includes the portion of gross income that consists of: (1) dividends, including substitute dividend amounts; (2) interest; (3) income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool; (4) rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the *NFFE*; (5) annuities; (6) the excess of gains over losses from the sale or exchange of property that gives rise to passive income described above; (7) the excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any commodities; excluding (i) any commodity hedging transactions, or (ii) certain active business gains or losses from the sale of commodities; (8) the excess of foreign currency gains over foreign currency losses attributable to certain transactions; (9) net income from notional principal contracts; (10) amounts received under cash value insurance contracts; or (11) amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts (see FATCA section 1.1472-1(c)(1)(iv).

* If you require assistance completing Part D of this Form, please consult with your financial advisor.

E. Authorisation and Undertaking

1. I hereby certify and declare that the information provided on this form is true, correct and complete to the best of my information, knowledge and belief.

2. I further certify that I am legally and duly authorised to sign this form on behalf of the entity identified in Part A above.
3. I certify that the entity named in Part A above is the beneficial owner of the income in the account(s) to which this form relates.
4. I authorise the Bank to provide, directly or indirectly, to any relevant regulatory or tax authority or any party authorised to audit or conduct a similar control of the Bank, a copy of this form and to disclose to such regulatory or tax authorities or such third party, any additional information that the Bank may have in its possession that pertains to the accounts(s).
5. As a consequence of the obligations and responsibilities assumed by the Bank as a part of its reporting obligations under the Foreign Account Tax Compliance Act (FATCA) of the United States of America and any other applicable laws and regulations issued by competent governmental authorities and in consideration of the Bank maintaining the account(s), the account holder hereby expressly discharges and forever releases the Bank entirely and unconditionally from any and all claims, demands, liabilities, interest, damages, expenses, costs and penalties, present or future, in respect of or relating to the disclosure of this form or other information by the Bank pursuant to such obligations and responsibilities.
6. I agree and undertake to advise the Bank immediately of any change in any information which I have provided to the Bank on this form and to sign an updated Tax Compliance form if required to do so by the Bank.

Sign Here: _____

Print Name: _____

Date: _____

Position in the organisation: _____

Witness: _____