



TAX COMPLIANCE – INDIVIDUAL 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 legal and regulatory requirements.

This form is only intended for use by individuals who are the beneficial owners of the relevant account(s). Should you be completing this form on behalf of the beneficial owner in a duly authorised capacity, you should complete Section B of this form using information relating to their citizenship and residence for tax purposes rather than your own. Each joint or authorised signatory (if applicable) must fill in his own form.

Do not use this form if you are an entity, nominee or other intermediary. If you represent an entity, please request and complete the Tax Compliance – Entity Self-Certification Form.

If you are a US citizen or resident of the US for tax purposes under the United States Internal Revenue Service (“IRS”) regulations, you should provide us with a completed, signed and dated IRS Form W-9.

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

A. Identification of Account Holder

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

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: _____

B. Identification of Beneficial Owner

(only complete this part B if different from the account holder and complete a separate form for each beneficial owner)

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

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: _____

C. Tax Residency Status of the Beneficial Owner

Are you a U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a U.S. Permanent Resident Card (Green Card)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. person for tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a U.S. Taxpayer Identification Number (TIN)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a TIN, what is your TIN Number?
Are you a resident of any other country for tax purposes? If so please list:
Please provide your TIN(S) for each country you have listed

D. Authorisation and Undertaking

1. I hereby certify and declare that the information provided on this form is true, correct and complete.
2. I further certify that I am the beneficial owner (or am legally and duly authorised to sign for the individual that is the beneficial owner) of all the income contained in the account(s).
3. I authorise the Bank to provide, directly or indirectly, to any relevant regulatory or tax authorities 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).
4. 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 information by the Bank pursuant to such obligations and responsibilities.
5. 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: _____

Witness: _____

If you have signed this on behalf of the account holder please provide proof of your authorisation and indicate the capacity in which you have signed here:
