

INSTRUCTIONS FOR INDIVIDUALS – FATCA & CRS

Please read these instructions carefully before completing the form

Why are you asked to complete this form?

Bangkok Bank Berhad is committed to the U.S. Foreign Account Tax Compliance Act (FATCA) and the Organization of Economic Cooperation and Development (OECD)'s Common Reporting Standard (CRS) to collect certain tax-related information about our clients. Where the account holder is a US person or tax resident in a participating jurisdiction, BBB is legally required to report the information in this form and other financial information relating to the client's financial accounts held with BBB to the appropriate tax authorities.

Completing this form will ensure that BBB holds accurate and up to date information about the clients' tax residency.

Who should complete the FATCA & CRS Supplemental Form for Individuals?

This form is for individual account holder (including a sole trader or sole proprietor). For joint or multiple account holders, please use a separate form for each individual person.

If completing this form on behalf of someone else, please indicate the capacity (custodian, nominee, executor, under power of attorney, etc.) upon signing the form.

Where can you go in case you have any questions?

Please note that BBB is not allowed to provide any tax advisory services. Please contact your tax, legal and/or other professional advisor if there remains any question about how to complete this form or how to determine your tax residence status.

You can also visit the following websites for further information:

- Regarding FATCA, <https://www.irs.gov/businesses/corporations/foreign-account-tax-compliance-act-fatca>
- Regarding OECD – CRS, <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

**FATCA AND CRS SUPPLEMENTAL
 FORM FOR INDIVIDUALS**

Date:			
Name (as in Mykad/Passport/Birth Certificate):			
Account Number:			
SECTION 1: IDENTIFICATION OF INDIVIDUAL ACCOUNT HOLDER			
Nationality 1:		Nationality 2: (if any)	Nationality 3: (if any)
Date of Birth: (DD/MM/YYYY)			
Place of Birth: (City/Town)		Country of Birth:	
Residence Address 1:		Country 1:	Postal/ZIP code:
Residence Address 2: (if any)		Country 2: (if any)	Postal/ZIP code: (if any)
Residence Address 3: (if any)		Country 3: (if any)	Postal/ZIP code: (if any)
Home/Mobile phone/Fax 1:	Home/Mobile phone/Fax 2: (if any)	Home/Mobile phone/Fax 3: (if any)	
Correspondence Address in other countries: (if different to above address)		Country:	Postal/ZIP code:
SECTION 2: COUNTRY OF TAX RESIDENCE FOR TAX PURPOSE AND RELATED TAXPAYER IDENTIFICATION NUMBER (TIN) OR EQUIVALENT			
Please complete the following table indicating (i) where the account holder is tax resident and (ii) the Account Holder's TIN for each country indicated. If the account holder is tax resident in more than three countries, please use a separate sheet. If a TIN is unavailable please provide the appropriate reason for A, B or C where indicated below:			
Reason A – The country where the account holder is liable to pay taxes 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 if you have selected a reason). Reason C – No TIN is required (Note: Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed).			
Country of Tax Residence 1:	TIN 1:	Reason A, B or C if no TIN available:	
Country of Tax Residence 2: (if any)	TIN 2: (if any)	Reason A, B or C if no TIN available:	
Country of Tax Residence 3: (if any)	TIN 3: (if any)	Reason A, B or C if no TIN available:	
Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.			
1:			
2:			
3:			
SECTION 3: INFORMATION OF AUTHORIZED PERSON (IF APPLICABLE)			
Name, address and country of residence/ domicile of the person authorized under a Power of Attorney to perform any act in relation to the account (if any):			
Name 1:	Address 1:	Country 1:	Postal/ZIP code:
Name 2:	Address 2:	Country 2:	Postal/ZIP code:
Name 3:	Address 3:	Country 3:	Postal/ZIP code:

SECTION 4: DECLARATION AND SIGNATURE

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) in respect of all the account(s) to which this form relates.

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with BBB setting out how BBB may use and share the information supplied.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) shall be reported to any relevant tax authority, including the tax authorities of the country in which this account(s) is maintained, and exchanged with tax authorities of another country or countries in which the Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreement among governments to exchange financial account information. Subject to applicable local laws, I irrevocably authorize BBB to share my information with domestic or overseas regulators or tax authorities.

I DECLARE THAT ALL STATEMENTS MADE IN THIS DECLARATION ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, CORRECT AND COMPLETE.

I agree to advise BBB within 30 days of any change in circumstances which affects the tax residency status of the Applicant to which this form relates or causes the information contained herein to become incorrect. In addition, I agree to provide BBB with a suitably updated supplemental form within 90 days of such change in circumstances.

I acknowledge and agree that failure to comply to section 4 above, or provision of any false, incorrect or incomplete information as to my status, shall entitle BBB to terminate, at its sole discretion, the entire banking/business relationship with me or part of such relationship as BBB may deem appropriate.

This form is a legal document. Provision of untrue statements on this form is unlawful within the meaning of Part X, Section 143 of the Malaysia Financial Services Act 2013.

Signature of Applicant:	Name in print:	Date: (DD/MM/YYYY)
<p>Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power of attorney.</p>		
<p>Capacity: (custodian / nominee / executor / power of attorney, etc.)</p> <p><i>Version april2017</i></p>		