



**CIF ACCOUNT - CORPORATE**

Please review the information and indicate correctness by signing in the space provided below

OFFICIAL USE ONLY	
CIF #:	
Acct #:	
Date:	
Branch:	-

CORPORATE DETAILS	
NAME OF ENTITY	

ADDRESS DETAILS				
ADDRESS: (LINE 1)		CITY:	COUNTRY:	ZIP CODE/POSTAL CODE:
PHONE NUMBER (BUSINESS):	PHONE NUMBER (BUSINESS):	FAX NUMBER:		
MOBILE NUMBER	EMAIL ADDRESS	COUNTRY OF INCORPORATION:		

WHAT IS YOUR FATCA STATUS?	SELECT ONE
0 =Non-US Entity	
2=Non-FATCA Confirmed;	
3=Unclassified;	
6=Registered Deemed Compliant FFI;	
7=Owner Documented FFI;	
8=Certified Deemed Compliant Non-Registering Local Bank;	
9=Certified Deemed Compliant Non-Profit Organization;	
10=Certified Deemed Compliant FFI with only low value accounts;	
11=Foreign Government or Government of US Possession;	
12=Foreign Central Bank Issue;	
13=Entity Wholly Owned by Exempt Beneficial Owners;	
14=Excepted Non-Financial Holding Company;	
15=Excepted Start-up Company;	
16=Excepted Non-Financial Entity in Liquidation or Bankruptcy;	
17=Excepted Hedging;	
18=Financing Centre of Non-Financial Group;	
19=Restricted Distributor;	
20=Territory Financial Institution;	
21=Publicly Traded NFFE;	
22=Affiliate of Public Traded NFFE;	
23=Excepted Territory NFFE;	
24=Active NFFE;	
25=Passive NFFE;	
26=Passive NFFE with US Substantial Shareholder	

<p>Please note the number of the status selected above in this box.            Please complete the required form based on your Status:  <b>(W-8BENE:</b> Non-US Entity; <b>W-9:</b> US Entity; <b>W-8ECI:</b> Foreign beneficial owner claiming income is connected with conduct of trade or business within the US; <b>W-8IMY:</b> Foreign partnership, simply trust, grantor trust or any person acting as an intermediary; <b>W-8EXP:</b> Foreign government, international organization, foreign central bank of issue, foreign tax exempt organization, foreign private foundation, or government of a US possession claiming income connected to US income or applicability of sections 115(2), 501c, 892, 895, 1143(b); <b>W-4 or 8233:</b> Beneficial owner who is receiving compensation for personal services performed in the US)  <b>Consult your financial or tax advisor to confirm the applicable form and to better understand how FATCA impacts you or your business.</b></p>	<b>CUSTOMER FATCA STATUS</b>
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**AUTHORIZED SIGNATORIES DETAILS**

First Name, Middle Name(s), Surname

D.O.B (mm/dd/yyyy)

CIF#

1.

2.

3.

4.

5.

6.

7.

8.

**CIF NUMBER OF SUBSTANTIAL SHAREHOLDERS (10% OR MORE)**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

I hereby certify that the above information provided is true and complete.

Signature 1:  \_\_\_\_\_ Signature 2:  \_\_\_\_\_  
(mm/dd/yyyy)

Signature 3:  \_\_\_\_\_ Signature 4:  \_\_\_\_\_

Signature 5:  \_\_\_\_\_ Signature 6:  \_\_\_\_\_

Signature 7:  \_\_\_\_\_ Signature 8:  \_\_\_\_\_

**BANK USE ONLY**

Prepared by: \_\_\_\_\_ Signature:  \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Reviewed by ( Supervisor): \_\_\_\_\_ Signature:  \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

I hereby certify that this account has been duly reviewed and all mandated FATCA requirements have been obtained and placed in the account file.

Verifications Department: \_\_\_\_\_ Signature:  \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)



ACCOUNT TYPE: CIF

ACCOUNT NUMBER:

<b>Account Name:</b>		
<b>CIF #:</b>		
Name	INDICATE: Joint/Single/P.O.A. Limitation and Signature Assignment	Signature
		<input checked="" type="checkbox"/> Date:
		<input checked="" type="checkbox"/> Date:
		<input checked="" type="checkbox"/> Date:
		<input checked="" type="checkbox"/> Date:
		<input checked="" type="checkbox"/> Date:
		<input checked="" type="checkbox"/> Date:
		<input checked="" type="checkbox"/> Date:
		<input checked="" type="checkbox"/> Date:

Witnessed By: \_\_\_\_\_