

ENTITY STATUS CERTIFICATION FORM

1 Customer's Details

«Company_Name»

Full Legal Name of the Entity that is the Applicant

Account/Customer Number

Country of Incorporation/Organization

- Entity includes a corporation, trust, partnership, association or other organization.
- FATCA means the United States of America Foreign Account Tax Compliance Act. In accordance with the signed Inter-Governmental Agreements between the governments of Jamaica and the United States of America ("U.S."), the governments of the Cayman Islands and the U.S. and the governments of Trinidad & Tobago and the U.S. Jamaican/Cayman Islands/Trinidadian financial institutions must identify and report to their Competent Authorities accounts held (directly or indirectly) by a U.S. person.

2 FATCA Entity Classification

Entity Type: Corporation Partnership Formal Trust Estate Other _____

For tax reporting purposes, what is the FATCA classification of this entity?

Select only one of the following categories (A, B or C) and complete all other applicable information under that category.

A U.S. Person

Specified U.S. Person, Provide card with U.S. Taxpayer Identification Number

(TIN). **If card not available complete Form W-9**

Taxpayer Identification Number (TIN)

Not a Specified U.S. Person _____

Reason this entity is not a Specified U.S. person

OR

B Non-Financial Foreign Entity (NFFE)/Non-U.S. Entity

Active NFFE

Passive NFFE. Complete section 3 below.

OR

C Foreign Financial Institution (FFI)/Non-U.S. FFI

Select the type of FFI below and provide a Global Intermediary Identification Number (GIIN) where indicated.

Exempt beneficial owner

Deemed Compliant FFI. If registered, provide GIIN below.

Jamaican/Cayman Islands/Trinidadian Financial Institution.

Provide GIIN below.

Other Partner Jurisdiction Financial Institution. Provide GIIN

below.

Participating FFI. Provide GIIN below.

Non-Participating Financial Institution

(GIIN)

Is the entity a tax resident of any other country (ies)?

No Yes – If yes, list

For Passive NFFE ONLY

3 Information about Owners/Controlling Persons

Select either A or B depending on the entity type and complete all other applicable information under this section.

A For trusts and estate accounts: Provide information on the next page about every individual who is a trustee/estate executor, beneficiary or settlor, or who otherwise controls the trust or estate.

OR

B For corporations, partnerships or other types of Passive NFFE: Does any individual directly or indirectly own or control 10% or more of the entity?

No – If no, complete section 4.

Yes – If yes, provide information about each of these individuals on the next page. If you require more space, complete and sign another form

Instructions: This section must be completed if a Passive NFFE was selected in section 2. Other types of entities do not need to complete this section.

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3 Information about owners and other individuals who have control over a Passive NFFE

Instructions:

For Corporation, Partnership, or other type of Passive NFFE please select Owner or Controlling person category.

For Formal Trust and Estate please select Trustee/Estate Executor, Trust Beneficiary/Estate Beneficiary or Trust settlor.

Individual 1 - Identify individual's role with the entity:

Owner or Controlling person Trustee/Estate Executor Trust Beneficiary/Estate Beneficiary Trust settlor

First Name

Middle Name

Last Name

Address

City

Province/State

Country

Postal/Zip Code

Is the individual a U.S. citizen or resident?

No Yes – If yes, provide the U.S. Taxpayer Identification Number (TIN) card. If no TIN card provided, complete Form W-9

.....
U.S. TIN (e.g. SSN)

Is the individual a tax resident of any other country (ies)

No Yes – If yes, list _____

Individual 2 - Identify individual's role with the entity:

Owner or Controlling person Trustee/Estate Executor Trust Beneficiary/Estate Beneficiary Trust settlor

First Name

Middle Name

Last Name

Address

City

Province/State

Country

Postal/Zip Code

Is the individual a U.S. resident for tax purposes (which includes a U.S. citizen)?

No Yes – If yes, provide the U.S. Taxpayer Identification Number (TIN) card. If no TIN card provided, complete Form W-9.

.....
U.S. TIN (e.g. SSN)

Is the individual a tax resident of any other country (ies)

No Yes – If yes, list _____

Individual 3 - Identify individual's role with the entity:

Owner or Controlling person Trustee/Estate Executor Trust Beneficiary/Estate Beneficiary Trust settlor

First Name

Middle Name

Last Name

Address

City

Province/State

Country

Postal/Zip Code

Is the individual a U.S. resident for tax purposes (which includes a U.S. citizen)?

No Yes – If yes, provide the U.S. Taxpayer Identification Number (TIN) card. If no TIN card provided, complete Form W-9.

.....
U.S. TIN (e.g. SSN)

Is the individual a tax resident of any other country (ies)

No Yes – If yes, list _____

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Individual 4 - Identify individual's role with the entity:

Owner or Controlling person Trustee/Estate Executor Trust Beneficiary/Estate Beneficiary Trust settlor

First Name

Middle Name

Last Name

Address

City

Province/State

Country

Postal/Zip Code

Is the individual a U.S. resident for tax purposes (which includes a U.S. citizen)?

No Yes – If yes, provide the U.S. Taxpayer Identification Number (TIN) card. If no TIN card provided, complete Form W-9.

.....
U.S. TIN (e.g. SSN)

Is the individual a tax resident of any other country (ies)

No Yes – If yes, list _____

4 Entity Customer Representative(s) declaration and signatures

DECLARATION

I/We declare that the information supplied on this form is true, correct and complete. The owner(s) agrees/agree to immediately notify NCB of any errors, omissions or changes in the information provided in this form, including any change in U.S. residency or citizenship status of a controlling person, owner, and individuals involved in a trust, or any change in the entity's FATCA classification.

First Name

Middle Name

Last Name

Signature of signing officer or trustee

Title

Date

First Name

Middle Name

Last Name

Signature of signing officer or trustee

Title

Date

First Name

Middle Name

Last Name

Signature of signing officer or trustee

Title

Date

5 Staff member Certification

Following my assessment of the AML/KYC information and documentation provided by the abovementioned customer, I confirm that the certification provided seems reasonable.

NCB Staff Member's Name

Page #

Signature

Date

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