TAX COMPLIANCE: INTERNATIONAL EXCHANGE OF INFORMATION INDIVIDUAL SELF-CERTIFICATION – CRS AND FATCA

Please note: Kleinwort Hambros is not permitted to complete this form on your behalf and does not provide tax advice. If you require assistance in completing this form you should contact your tax advisor or local tax authority.

Please complete <u>all</u> mandatory fields on this form, as denoted with an asterisk (*).

PART 1: Account Holder Information						
Full name (first name(s) and surname)*						
Country of birth*	Town/city of birth*		ate of birth* DD / MM / YYYY		/ YYYY	
Permanent residence address – Number and stre	eet*					
Town/city/postcode*		ountry*	untry*			
Mailing address (if different from above) – Number	er and street					
Town/city/postcode		С	Country			
PART 2: Residence for tax purposes and Tax I Please specify the country(ies) in which you You may wish to refer to the OECD guidance for furesidences please provide details on a separate second	are resident for tax purther assistance on he	ourposes and provid		_		·
Primary country of residence*	* TIN 1*			TIN 1 is unavailable		
Additional country of residence	TIN 2		TIN 2 is unavailable			
Additional country of residence	TIN 3		TIN 3 is unavailable			
Please tick this box to confirm you have specified above all countries in which you are resident for tax purposes* If TIN is unavailable please specify the reason why. A) Country where I am resident for tax purposes does not issue TINs B) Laws of country of residence do not require me to provide a TIN (see below) C) I am otherwise unable to obtain a TIN or equivalent (see below) Please provide further details as to why you are unable to obtain a TIN if you selected (B) or (C) above.						TIN 3
Are you a US Person?* Yes Please US Persons for FATCA purposes includes US citize card test). If you are a US Person, you will also be		ts (by virtue of meetin		ial presend		lo 🗌

Please go to the next page to complete Part 3: Declaration and Signature.



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PART 3: Declarations and Signature

I certify that I am the Account Holder (or authorised to sign for the Account Holder) of all the accounts to which this form relates.

I certify that I have examined all the information on this form and to the best of my knowledge and belief it is true, accurate, complete and up to date.

I undertake to inform Kleinwort Hambros within 30 days of any change in circumstances that renders this form incorrect, and to provide Kleinwort Hambros with an updated Self-Certification form.

Signature*	Print name [*]	Da	ate*	DD / MM / YYYY
If you are not the Account Holder please indicate the capacity in which you are signing this form. If signing under a power of attorney, please attach a copy of the power of attorney.		Capacity		

PERSONAL DATA

Kleinwort Hambros is a data controller in respect of your personal data. The collection of information (including personal data) in this document is necessary to enable us to provide our services to you, to comply with our legal obligations and to pursue our legitimate interests. Further information on how we gather, store and process your personal data and your rights in respect of such personal data can be found in our Privacy Notice which is available on our website at: www.kleinworthambros.com/en/important-information/privacy-notice/

It is important that you read and understand the Privacy Notice and the conditions in the Terms of Business headed "Confidentiality", "Data Protection" and "Credit Reference Agencies" which explain how Kleinwort Hambros will deal with your information (including your confidential information and personal data). The Terms of Business are also available on our website at: www.kleinworthambros.com/en/important-information/banking-and-investment-terms-business/

INTERNAL USE ONLY

Please write your name below to confirm that each of the tests have been performed and the date of review.

Test	Front Office Reviewer (Full name)	Middle Office Reviewer (Full name)
Validity test		
Reasonableness test		
Reason to know test		Not applicable
Date of review		



KH129 18.01.2023 CA223/Oct/2021