

**FATCA Customer Consent - Individual**

Title of Account		Account No.	
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I/We hereby provide consent to and authorize Summit Bank Limited or any of its affiliates including branches (collectively the "Bank") for the following in respect any local or foreign laws or regulations applicable to the Bank:

(a) to disclose, furnish or share information pertaining to my/our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction; and

(b) to deduct applicable withholding tax on my/our account when required to do so by overseas regulators or tax authorities or pay from my/our account such amounts as may be required in order discharge the Bank's obligations in accordance with applicable laws, regulations agreements with regulators or authorities and directives.

Are you a citizen or resident of the USA? Yes  No

US Resident - tick the appropriate box: US Citizen  Green Card Holder  Tax Resident in U.S.

Country of Citizenship and/or Residency:-

Please state your country of birth:

Tax Identification Number (TIN) if applicable:-

US Tax Payer Status:  W-9 (US Person)  W-8BEN (Non US Person for Tax Purposes)

I/We hereby certify that the information I/we have provided in this form is true, correct and complete. I/We indemnify and hold the Bank harmless against any claim, damages, costs, expenses and other direct and indirect consequence of the Bank disclosing, furnishing and sharing any information pertaining to my/our bank account with any domestic or overseas regulators or tax authorities. I/We confirm that I/we have provided this information willingly.

I/We understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my application or other appropriate action taken against me.

I/We undertake to notify the Bank within thirty (30) calendar days if there is a change in any information which we have provided to the Bank herein.

I/We undertake to complete, sign and provide such additional forms as may be prescribed from time to time and required to be furnished to the Bank in relation to the disclosure contained herein.

Customer Full Name: \_\_\_\_\_  
(As per identity document)

- Account Holder
- Power of Attorney/ Mandate
- Guardian
- Other (please specify)

Signature

Date:

Capacity of signature (please tick 1 box only)

**FATCA Customer Questionnaire - Individual**

		<b>For Bank Use Only</b>	
Title of Account		Account No.	

**INFORMATION OF AUTHORISED SIGNATORY (FATCA US INDICATION)**

Please confirm the signatory's FATCA status by checking the relevant box by "✓"

**Documentation Required**

- 1 Is account holder a U.S. citizen or lawful permanent resident?
 Yes  No
If yes, please provide form W-9
- 2 Is place of birth of account holder is in the U.S.?
 Yes  No
If yes, please provide form W-9 or W-8 BEN; and Non-U.S. passport/ID or similar documentation establishing foreign citizenship; and written explanation regarding U.S. citizenship.
- 3 Is the account holder has a US address or US phone number?
 Yes  No
If yes, please provide form W-9 or W-8 BEN; and Non-U.S. passport/ID or similar documentation establishing foreign citizenship; and tax residence certificate.
- 3 Is there a power of attorney or signatory authority granted to person with U.S. address?
 Yes  No
If yes, please provide form W-9 or W-8 BEN; and Non-U.S. passport/ID or similar documentation establishing foreign citizenship.
- 4 Will there be instructions to transfer funds to U.S. accounts or directions regularly received from a U.S. address?
 Yes  No
If yes, please provide form W-9 or W-8 BEN; and documentary evidence establishing non U.S. status.
- 5 Will there be address on file which is "in care of" or "hold mail" or U.S. P.O. Box and/or U.S. telephone number?
 Yes  No
If yes, please provide form W-9 or W-8 BEN; and documentary evidence establishing non U.S. status.

Name: \_\_\_\_\_  
(Account Officer)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Branch Manager)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Centralized Processing Unit**

Customer Signatory/Base Number:          -

- FATCA Status:**
- US person
  - Recalcitrant
  - Non-US Person

Processor: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_