

TAX SELF-CERTIFICATION NATURAL PERSON

GENERAL INFORMATION OF THE ACCOUNT HOLDER						
Date (d/m/y)	First name	Middle Name	First surname	Second surname	ID No.	Business name
HOME ADDRESS						
Street/Building	City	State/County	Country	Phone number		
MAILING ADDRESS						
Postal Address	City	State/County	Country	Phone number		
DETAILS OF BIRTH						
Date	City	State/County	Country			

TAX SELF-CERTIFICATIONS FOR FATCA AND CRS			
Are you a citizen or resident of the United States?		What are your countries of fiscal residence?	
☐ No	☐ Yes (if yes, fill below)	Country	Tax ID in the country of tax residence
TIN/SSN number (Tax ID number in the US): If you do not have a TIN/SSN number, indicate the reason:		1.	1.
		2.	2.
		3.	3.
		If you do not have a tax ID number, indicate the reason:	

I hereby declare under the seriousness of oath and under penalty of perjury:

1. I have examined the information completed in this Self-certification, and it is true, correct and complete to the best of my knowledge.
2. I know and accept Banistmo, S.A. (hereinafter The Bank), is required under the laws of its jurisdiction on issues of automatic exchange of tax information, to collect certain information about the tax status of its account holders, therefore I have completed this Self-certification and I have provided information in other documents and forms of the Bank.
3. That I know that the Bank may be required to share and/or deliver to the relevant tax authorities (including but not limited to the tax authority in the Bank's jurisdiction as well as those in the jurisdiction of the Taxpayer's fiscal residence the information contained in this Self-certification, and other data provided in other documents and forms of the Bank, and which by this means I authorize (authorize) the Bank to share and/or deliver such information or data.
4. That I understand and know that declaring a false information in any material part of this Self-certification is a violation of the law, which could have criminal consequences in the jurisdiction of the Bank, as well as in the jurisdiction of the Account Holder.
5. I Certify that I am the owner (or authorized to sign on behalf of the owner) of all accounts with which this form is related.
6. That by this mean I agree to notify you, within a period not exceeding 30 calendar days, counted from your concurrence, by submitting a new Declaration, of any change with respect to the information provided in this Declaration, which may cause the information in it to be inaccurate, incomplete or incorrect.
7. Likewise, I am aware that the Bank will treat the data with confidentiality and that they will be used according to the purpose for which it was collected. However, I authorize the Bank to provide personal data to its branches, its subsidiaries, representative offices, affiliates, agents or to its Head Office, either in Panama or abroad, in order to access the different services and/or products provided by them.

Signature: _____ Name: _____ Identification #: _____