

**FATCA-Common Reporting Standard individual tax residency self-certification**

1.	Full legal name of the individual account holder													
2.	Residence address for tax purpose													
		2b. Post code												
3.	Address type	Residential or business / Residential / Business /Registered office												
4.	Date of birth		m	m	d	d	y	y	y	y				
5.	City of birth			5b. Country of birth										
6.	Country of residence			6b. Nationality										
7.	Are you a tax resident of any another country other than New Zealand	<input type="checkbox"/> <b>No, I am a tax resident of New Zealand and not a tax resident of any other country</b> [Please go to pt no 9 ]  <input type="checkbox"/> <b>Yes</b> [Please go to pt no 8]												
8.	Please list all other country/ies where you are a tax resident (If the number of tax residencies are more than three then additional Self-Certification form may be used)													
	Country of tax residence <sup>1</sup>			Tax Identification Number <sup>2</sup>										
<sup>1</sup> If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. If you have any questions about your tax residency, please contact your tax advisor. <sup>2</sup> In case Tax Identification number is not available, kindly provide functional equivalent														
9.	<b>Declaration / Certification:</b> I/we certify that all the information provided by me/us on this declaration form is true, correct and complete. I/we have understood the information requirements of this Form. I /we also confirm that I/we have understood and accept that towards compliance with tax information sharing laws, such as FATCA and CRS, Bank of Baroda (New Zealand) Ltd (hereinafter referred to as "the Bank") would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders and such information may be sought either at the time of account opening, signing this form or any time subsequently. I/we also understand and accept that in certain circumstances (including if the Bank do not receive a valid self-certification from the account holder) the Bank may be obliged to share information on the account with relevant tax authorities. I/we also undertake that we shall advise the Bank within 30 days of any change in circumstances which affects the tax residency status of the above individual(s) mentioned in this form. I/We acknowledge that the information contained in this form and information regarding the account holder and any account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I/ We also understand that towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. I/We also understand and accept that as may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from your account or close or suspend our account(s).													
	Signature			Date			m	m	d	d	2	0	y	y
	Name			Place										

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