



ENTITY SELF-CERTIFICATION

(FOR AUTOMATIC EXCHANGE OF INFORMATION)

Regulations based on the OECD Common Reporting Standard ("CRS") require BSP (Samoa) Ltd to collect and report certain information about an account holder's tax residency. BSP Samoa may be legally obliged to provide information in this form with respect to your financial accounts to the Ministry of Revenue. This information may be exchanged with tax authorities of another jurisdiction pursuant to intergovernmental agreements. PLEASE COMPLETE THIS FORM IN BLOCK LETTERS.

PART 1 - IDENTIFICATION OF ACCOUNT HOLDER

READ BEFORE YOU COMPLETE THIS FORM. If you are an Entity (including all Other Non-Individual) Account Holder. For joint or multiple Holders each Entity must complete a separate Self-Certification. First seek tax/ legal/ other professional advice (if required) before completing this Self-Certification and sign Part 4.

1.1 Legal Name of Account Holder

1.2 Country of Incorporation

1.3 Nature of the Business

1.4 Current Residential Address (e.g. Country

1.5 Mailing Address (complete if different to the address shown in section 1.3 above)

Postal code (if any)

Country

PART 2 - ENTITY TYPE

Financial Institution

Depository Institution | Custodial Institution | or Specified Insurance Company

Please check one applicable option

☐ An Investment Entity If not a tax resident in Reportable CRS country

☐ Investment Entity - Other

If you have ticked any of the FI - Investment Entity please provide, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained FATCA purposes.

Entity GIIN is:

Non Financial Entity

Please check one applicable option

Active NFE

A corporation the stock of which is regularly traded on an established securities market or a corporatin which is a related entity of such a corporation. Provide Name of established securities market which the corporation is regularly traded :

Exempt Entity

☐ Government Entity or Central Bank

☐ International Organisation

☐ Other - Start up NFE

☐ Passive NFE

Indicate name of Controlling Person(s) of the Account Holder

Complete CRS Form for each Controlling Person

"Controlling Person(s)" are the natural puerson(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity ("Passive NFE") then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. For a trust entity, Controlling Persons are settlors, the trustees, the protectors, the beneficiary or any other natural person exercising ultimate effectivce control over the trust.

PART 3 - COUNTRY | JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER (TIN)

Please check one applicable option

Account Holder is Tax Resident in Samoa

☐

Account Holder is not Tax Resident in Samoa

☐

Location of Registered Office

Account Holder is Tax Resident in more than 3 Countries, other than Samoa as listed below :

☐

Reason "A" - The Country/ jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason "B" - The Account Holder is otherwise unable to obtain a TIN or equivalent number

Reason "C" - No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/ Jurisdiction of tax residence	TIN	If no TIN available insert Reason Code	Explain (if Code is "B")
1			
2			
3			

PART 4 - DECLARATION AND SIGNATURE☐

I understand that the information I have supplied is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with the Bank South Pacific (Samoa) Ltd ("BSP Samoa") setting out how BSP Samoa may use and share the information I have supplied.

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I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/ jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

☐

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise BSP Samoa within 14 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 Question 2a) and to provide BSP Samoa with a suitably updated self-certification and Declaration within 14 days of such change in circumstances.

Signature:

Print Name:

Date: (dd/mm/yyyy):

Note: Please indicate the capacity in which you are signing the form (for example 'Authorised Officer'). If signing under a Power of Attorney please also attach a certified copy of the Power of Attorney.

Capacity :