



FATCA DECLARATION FORM

(Please complete ALL information in CAPITAL letters)

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. LAST NAME:			
FIRST NAME:		MIDDLE NAME(S):	
PERMANENT ADDRESS: STREET/AVENUE:			
CITY/TOWN:		PARISH/STATE:	
ZIP/POSTAL CODE:		COUNTRY:	
TELEPHONE NOs.: Home:	Mobile:	Work:	Ext.:
EMAIL ADDRESS:			

1. PLACE OF BIRTH

2. ARE YOU A UNITED STATES OF AMERICA:

<input type="checkbox"/> CITIZEN	<input type="checkbox"/> RESIDENT	<input type="checkbox"/> GREEN CARDHOLDER	<input type="checkbox"/> N/A
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3. DO YOU RESIDE IN THE UNITED STATES OF AMERICA FOR 183 OR MORE CONSECUTIVE DAYS A YEAR?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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4. DO YOU HAVE A USA:

<input type="checkbox"/> MAILING ADDRESS	<input type="checkbox"/> PHONE NUMBER	<input type="checkbox"/> P.O. BOX ADDRESS	<input type="checkbox"/> IN-CARE-OF ADDRESS
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5. DO YOU HAVE A STANDING ORDER TO TRANSFER FUNDS TO AN ACCOUNT MAINTAINED IN THE USA?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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6. DO YOU CURRENTLY HAVE EFFECTIVE POWER OF ATTORNEY OR SIGNATORY AUTHORITY GRANTED TO A PERSON WITH A U.S. ADDRESS?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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7. DO YOU HAVE CONTROLLING INTEREST IN A COMPANY INCORPORATED IN THE U.S.A OR HAS A U.S ADDRESS?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If it is a Financial Institution please state Global Intermediary Identification Number:

8. ARE YOU A SHAREHOLDER OF A COMPANY LOCATED OUTSIDE OF THE U.S.A FOR WHICH ONE OR MORE U.S CITIZENS OR RESIDENTS HAVE CONTROLLING INTEREST?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If it is a Financial Institution please state Global Intermediary Identification Number:

9. IF YOU WERE BORN IN THE U.S.A BUT DO NOT HAVE U.S CITIZENSHIP, DO YOU HAVE A CERTIFICATE OF LOSS OF NATIONALITY OF THE UNITED STATES?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If no, give a reason you did not obtain U.S citizenship at birth or have the certificate

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Declaration – I declare that I am/am not a citizen or resident of the United States of America. I agree to inform the Credit Union if the status of any of the information I have provided in this Declaration Form changes, within 90 days of the end of the calendar year after the change takes place. The facts stated in this Declaration Form are to the best of my knowledge, information and belief true. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to the Internal Revenue Service of the USA or a local competent authority authorized by them. I agree to satisfy the requirements of the Foreign Account Tax Compliance Act (FATCA) so far as they relate to me.

CUSTOMER NAME (PRINT)	
SIGNATURE:.....	DATE (mm/dd/yyyy):.....

FOR OFFICIAL USE ONLY

PRODUCT/SERVICE(S)
The customer account balance is:
<input type="checkbox"/> Less than \$50,000.00 <input type="checkbox"/> \$50,000.01 to \$100,000.00 <input type="checkbox"/> \$100,000.01 to \$500,000.00 <input type="checkbox"/> \$500,000.01 to \$1,000,000.00 <input type="checkbox"/> Greater than \$1,000,000.00