

# FACTA and CRS Self-Certification Form for Personal Savers



Please complete in block capitals and return this form to:  
Charity Bank, Fosse House, 182 High Street, Tonbridge, Kent TN9 1BE

FOR OFFICE USE  
Account number

## PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM

The Charity Bank Limited is obliged under Section 891E and Section 891F of the Taxes Consolidation Act 1997 (as amended), and Tax Regulations made pursuant to those sections, to collect certain information about each account holder's tax residency status and the tax residency and citizenship of controlling persons in certain circumstances.

Please complete, where applicable, the relevant sections below and provide any additional information as may be required. In certain circumstances we may be obliged to share this information with relevant tax authorities. This form is intended to request information only where such request is not prohibited by UK law.

If you have any questions about how to complete this form or any other concerns about the impact of sharing of information, you should contact your tax advisor or local tax authority.

Please note that the Bank does not provide tax advice and will not be liable for any errors contained in this form.

**This form ONLY needs to be completed if you answer NO to the following question:**

Q. Are you a citizen and tax resident of the UK only?    Yes     No

## 1. Charity Bank Accountholder Details

Title (Eg. Mr/Miss/Ms/Mrs/Other)

Full Name

Date of Birth (dd/mm/yyyy)

 /  / 

Permanent Residential Address

  
  

Postcode

Country

## 2. Tax Residency for FACTA and CRS

Are you a citizen of and/or tax resident in the United States of America (USA)?    Yes     No

If yes, please provide your US Tax Identification Number (TIN) below

US Tax Identification Number  (9 digits)

If cannot provide, confirm why

Are you a tax resident in a country or territory other than the UK or USA?    Yes     No

Please list the countries/territories other than the UK or USA of which you are tax resident, if any, together with the associated tax identification number. If you cannot provide a TIN, please confirm a reason from those provided\*

Country or Territory of Tax Residency

Tax Reference Number (TIN) If cannot provide, confirm reason\*

  
  
  
  

\*Reasons for missing TIN;

- A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents.
- B. The country/territory of tax residency has not issued a TIN to you (if selecting this option, please also provide an explanation in the box above).
- C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

### 3. Declaration

I understand that the information I have supplied is covered by the full provisions of the terms and conditions governing my relationship with Charity Bank, which also sets out how the Bank may use and share the information I have supplied.

I acknowledge that the information contained in this form and information regarding reportable account(s) held by me with Charity Bank may be provided to the UK tax authorities and exchanged with tax authorities of another country or countries in which I may be tax resident, in accordance with intergovernmental agreements to exchange financial account information.

**I certify that I am the accountholder (or am authorised to sign for the accountholder) of all the account(s) to which this form relates and;**

I declare that all statements made on this self-certification form are accurate and complete, to the best of my knowledge and belief.

I agree to submit a new form to Charity Bank, with 30 days of any change of circumstances, any certification or information on this form becomes inaccurate.

Signature

Date

 /  / 

If you are not the accountholder, please print your name below and indicate the capacity in which you are signing the form. If signing under a power of attorney or other document appointing you to act on behalf of the accountholder, please provide the Bank with a certified copy of the relevant document (if you have not already done so).

Full Name

Capacity