



### Tax Residency Self-Certification Form Entity

Information provided on this form will be used to comply with tax-related regulatory requirements. Failure to complete and return this form may result in your accounts being reportable to the relevant tax authorities.

**A. Business Identification** **RIM#**

Legal Name of Entity: \_\_\_\_\_ Country of Registration: \_\_\_\_\_

**B. FATCA – Tax Residency of Business – United States (U.S.)**

**Instructions**

If 'Yes' to question (1), questions (2 - 5) will be 'Not Applicable'.  
If 'No' to question (2), questions (3) & (4) will be 'Not Applicable'

1. Is the Entity incorporated under U.S. law?  Yes  No

If 'YES', please provide the U.S. Employer Identification Number (EIN) - 

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2. Is the Entity a Non-U.S. Entity with substantial U.S. owners? (U.S. shareholders who own 10% or more of the company's shares)  Yes  No

3. Is the Entity a 'Passive Non- Financial Foreign Entity' (Passive NFFE), i.e. a Non-Financial Foreign Entity with 50% or more of its gross income from the previous calendar year or other appropriate reporting period generated from Passive Income **AND** has substantial U.S. owners?  Yes  No

4. Is the Entity an 'Active Non-Financial Foreign Entity' (Active NFFE), which meets **ALL** the following criteria?  Yes  No

- a. The Entity is a Non-U.S. Entity actively engaged in business/trading activities, generating income solely from those activities **AND** is not classified as a Financial Institution (e.g. any entity involved in sales and services of any kind)
- b. Less than 50% of the Entity's gross income from the previous calendar year or other appropriate reporting period is 'Passive Income.' ('Passive Income' is Income derived from dividends, interest, annuities, rents, or royalties, etc.)
- c. Less than 50% of the assets held by the Entity are assets used to generate 'Passive Income'

If 'YES' to questions (2) and/or (3), complete the table below by providing the information on the **substantial U.S. owners** (i.e. shareholders with shareholdings of 10% or more):

Name of Shareholder with ≥10% Shareholding	Date of Birth dd/mm/yyyy	U.S. TIN

5. Is the Entity a Non-Participating Foreign Financial Institution, i.e. A Foreign Financial Institution that was not incorporated locally or in the U.S., and has not entered into an agreement with the IRS to undergo FATCA reporting?  Yes  No



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### D. Tax Residency Self-Certification And Undertaking

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

I/We authorize Republic Bank to provide, directly or indirectly, to any relevant tax authorities or any party authorized to audit or conduct a similar review of Republic Bank for tax purposes, the information contained in this form and/or copy of this form and to disclose to such tax authorities or such party any additional information that Republic Bank may have in its possession that is relevant to my qualification claim on the basis of this certification.

I/We acknowledge that information contained in this form and information regarding any accounts (including information on account balances and payments received) maintained with Republic Bank may be reported to the local tax authorities, and that those tax authorities may provide the information to any additional country I/we have above as being a country in which I am/we are a resident for tax purposes.

In the course of my /our contractual relationship with Republic Bank, I/we will inform Republic Bank immediately of any changes relating to my/our U.S. status, as certified herein. If I/we should become a U.S. person under the tax laws of the United States or, I/we will inform Republic Bank of all relevant changes in this regard (e.g., change of address, etc.).

I/We acknowledge that the U.S.-related assets, if any, held by Republic Bank or any entity or relationship in any account for or on my/our behalf, as well as the income on these accounts, may become subject to tax or other duties in the United States. I/we confirm all taxes, duties and other financial obligations relating to the account will be met. I/we hereby waive my/our right to any claim against Republic Bank for any losses and/or other costs resulting from or relating to any tax liability in the United States.

I am/we are solely responsible for providing accurate information to Republic Bank, to certify my/our U.S. or Non-U.S. status. I/we understand that I am/we are liable under U.S. law, if inaccurate information is provided.

If the information in this form is not supported by the information held by Republic Bank, I/we will be asked to re-submit this form.

***I/We confirm that the information provided on this form is true and correct.***

_____	_____	_____
Name	Customer Signature	Date (dd/mm/yyyy)
_____	_____	_____
Name	Customer Signature	Date (dd/mm/yyyy)
_____	_____	_____
Name	Customer Signature	Date (dd/mm/yyyy)