

Self-Certification for Tax Reporting Purposes - Individuals

International tax regulations require M.Z. Investment Services Limited ("MZISL") to collect specific information from each client regarding their classification under the U.S. Foreign Account Tax Compliance Act ("FATCA") and the Common Reporting Standard ("CRS") guidelines. As a financial institution subject to both FATCA and CRS, MZISL is obliged to provide the Maltese tax authorities with Financial Account information and personal information on reportable clients. Such information will then be forwarded by the Maltese tax authorities to the tax authorities where reportable clients are tax residents.

For further information as to why you are required to complete this Form kindly refer to MZISL website www.mzinvestments.com.

For further information on *Automatic Exchange of Financial Account Information* you may consult the CFR website: <https://cfr.gov.mt/en/inlandrevenue/itu/pages/automatic-exchange-of-financial-account-information.aspx>.

For FATCA related questions you may also consult the IRS website <https://www.irs.gov>.

If you have any questions about your tax residency or how to complete this form please consult your tax advisor.

Each Account Holder is obliged to inform MZISL of any **change in the circumstances indicated in this form within 30 days of such change**. In not doing so, the Account Holder might be subject to penalties imposed by the tax authorities.

Please note that the completion of this Form is mandatory. Failure to complete this Form may result in MZISL having to close your account and terminate the business relationship and/or having to report the Account Holder to the relevant tax authorities.

1. Identification of Account Holder

Please complete all sections accurately and ensure all applicable fields are filled.

Note: Joint account holders should each complete a separate Self-Certification form

Title:	First Name:	Surname:
Identity card no:	Country of issue of identity card:	
City or Town of Birth:	Country of Birth:	

2. U.S. Green Card

This section is to be filled in **ONLY** if you hold a valid green card.

U.S. Green Card Number:	<input type="checkbox"/> Permanent U.S. Green Card
<input type="checkbox"/> Temporary U.S. Green Card with Expiry Date (dd/mm/yyyy) ----/----/-----	

3. Declaration of Tax Residence (CRS)

Note: Declaration of Tax residency is requested in the context of Common Reporting Standard (CRS), an initiative to implement automatic exchange of financial account information on a global basis.

Please indicate your place of tax residence. If resident in more than one country please detail all countries of tax residence and associated Tax Identification Number (TIN).

Country of Tax Residence	Taxpayer identification number (TIN) or equivalent	If no TIN is available enter reason A or B (see below)	Explanation why TIN cannot be obtained (for reason B only)

Reason A – The country where the account holder is considered to be a tax resident does not issue TINs to its residents

Reason B – The account holder is unable to obtain a TIN. Please explain why you are unable to obtain a TIN.

4. Power of Attorney

*This section is to be filled in **ONLY** if you have provided a Power of Attorney to a person/s with an address outside Malta*

Do you currently have an effective power of attorney granted to a person/s that has/have **an address outside Malta**, and which is used for purposes of opening/operating your account/s with MZ Investments? If **YES**, please provide:

- a. Full Name of attorney/s _____
- b. Country/ies of residence of attorney/s _____

5. Declaration and Signature

Under penalties of perjury, I certify that I am the Account Holder (or I am authorised to sign on behalf of the Account Holder) and I declare that all statements made herein are, to the best of my knowledge and belief, correct and complete.

I undertake to provide the Bank with a duly updated and signed form within 30 days of any change in circumstances of the account holder which affects: (i) the tax residency status of the account holder; and/or (ii) cause any of the other information contained herein to become incorrect or incomplete.

Signature _____ Capacity* _____

Full name and surname _____ Date: _____

***NOTE** If you are not the Account Holder, please indicate the capacity in which you are signing the Form. MZ Investments may (i) request additional documents to verify that you are duly authorized to act in the capacity which you specified about; and (ii) at its complete discretion, MZ Investments may not accept this Form if it is not signed by the Account Holder.

Data Protection

The privacy notice of MZ Investments which tells you what to expect us to do with the personal information you are providing by means of this form is available on at <https://mzinvestments.com/policies/> or in hard copy available from MZ Investments office.

*M.Z. Investment Services Limited is a private liability company regulated by the Malta Financial Services Authority and licensed to conduct investment services business in terms of the Investment Services Act (Cap. 370 of the Laws of Malta). MZ Investments is a member of the Malta Stock Exchange and is enrolled under the Insurance Distribution Act, Cap. 487 of the Laws of Malta as a Tied Insurance Intermediary for MAPFRE MSV Life plc.
Registered Office: 63 MZ House St Rita Street Rabat RBT1523 Malta. Registration No: C23936*