

Fatca Declaration Form For Individuals

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دبي التجاري للخدمات المالية
CBD Financial Services





Fatca Declaration Form For Individuals

Trading A/C No: _____

CBD RIM or A/C No: _____

Full Name (as per the passport): _____

Nationality: _____ Dual Nationality: _____

1 – Passport No: _____ 2 – Passport No: _____

Country of Birth: _____ Date & City of Birth: _____

Contact Number (Local): _____ International No: _____

Current Resident Address: _____

_____ P.O.Box No: _____ City: _____

Home Country Address: _____

_____ P.O.Box No: _____ City: _____

Please answer the following questions:

- a) Are you a Taxpayer? Yes No
If yes, please specify in which country: _____
- b) Do you hold an American Passport or U.S. Social Security Number or U.S. Green Card? Yes No
If Yes, please specify: _____
- c) Are you an American Resident? Yes No
- d) Do you have a U.S. Mailing address (including a U.S. post office Box)? Yes No
- e) Are you born in U.S.A.? Yes No
- f) Do you have a U.S. telephone number? Yes No
- g) Do you have any standing instructions to transfer funds to an account maintained in the U.S.? Yes No
- h) Do you have any property/ies registered under your name in U.S.A.? Yes No
- i) Is your income is effectively connected with the conduct of a trade or business in the United States of America? Yes No
- j) Are you controlling your bank/trading account on behalf of U.S. Person by Power of attorney or signatory authority granted by U.S person or have "in care of" or "hold mail" address? Yes No
If yes, please specify the name: _____

Customer Signature: _____



If you are a taxpayer in the U.S. or if you answered "yes" to any of the aforementioned questions from (b to j), please provide the supporting document confirming the same and complete the following information:

1. U.S Full Address including P.O.Box No: _____

2. U.S Telephone Number: _____

3. U.S Taxpayer Identification Number (TIN):

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4. or Social Security Number (SSN):

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I hereby certify that the information provided above is true and accurate. I understand that providing false information, withholding relevant information or responding in a misleading way may result in the rejection of the application or other appropriate action taken against me and/or the applicant. I agree to notify CBD Financial Services (CBDFS) within 30 days of any change in my status as a U.S. Person for the purposes of U.S. Federal Income Tax.

Authorized Signatory Name: _____

Signature: _____ Date: _____

Entity Stamp (if Applicable):

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***Please note for joint accounts multiple forms must be submitted*

FOR CBDFS USE ONLY

Customer data updated on the system: Yes or No

Customer classified as U.S Person: Yes or No

Broker Name: _____ Signature: _____ Date: _____

Reviewed by Name: _____ Signature: _____ Date: _____