



Note: This self-declaration must be filled out for any Individual and/or Sole Proprietor accountholder

Common Reporting Standard (CRS) - I Self-Certification Form (Individual)

* Indicates mandatory field(s)

Date*				Branch*						
D D	м м	Y Y	ΥY	Y	Code			Name		
As per Cabinet Resolution No. 9 of 2016, the UAE Government has committed to be part of the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standards (CRS) Program. CRS developed in the context of the OECD's calls on jurisdictions to obtain information from their financial institutions and automatically exchange that information with other jurisdictions on an annual basis. The objective of CRS is to help fight against tax evasion, promote transparency and protect the integrity of tax systems.										
Under the CRS, bank is required to determine where you are "tax resident". The hereunder disclosed information including personal and financial data as well the tax residence(s) shall be reported to the local government authority as per required timeline and their specific requirements. The completion of the self-certification form will enable HBL UAE to hold updated information pertaining to your tax residency and comply with regulatory requirements.										
Please note that this document does not constitute tax or legal advice. If you have any questions about this Form or CRS, please contact your tax, legal and/or other professional advisor.										
Note: For guidelines, intructions, and definitions please refer to the CRS Booklet available on www.hbl.com/uae										
Account Detail	S (Mandatory f	for existing accou	ıntholders)							
Account Name										
Account Number	er						Cu	stomer ID		
Part 1 – Identifi	cation of A	Accounthold	er *							
A. Name of Acco	ountholder									
Family Name or	Surname(s))								
Title										
First or Given Na	ame									
Middle Name(s)										
B. Current Resid	ential Addre	ess								
House / Apartm Name, Number										
Town / City / Pr County / State	ovince /									
Country										
Postal Code / Zi	p Code (if an	у)					P.O. Box (if any)			
C. Mailing Addre	ess (please on	ly complete if dif	ferent to the	e address shown in	Section B)					
House / Apartm Name, Number										
Town / City / Pro County / State	ovince /									
Country										
Postal Code / Zi	p Code (if any	y)					P.O. Box (if any)			
D. Date of Birth	*	D D	М	M Y Y	YY					
E. Place of Birth	*									
Town or City of	Birth									
Country of Birth	1									



Capacity *



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Part 2 – Country of Tax Residence and Taxpayer Identification Number (TIN) *

In how many country(ies) are you a tax resident?									
Please fill-in the country(ies) d	etails below.								
	Name of Country of Tax Residence	Tax Identification Number (TIN)	If no TIN is available mention Reason A, B or C						
1.									
2.									
3.									
I	Note: Additional Country(ies) of Tax Residency (if any) to be listed in a separate sheet of paper. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate reason A, B or C where indicated below.								
Reason A	The country where the Account Holder is resident does not issue TINs to its residents								
	The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the below table if you have selected this reason)								
	No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)								
Please explain in the following	relevant number box, why you are unab	ole to obtain a TIN if you mentioned "Rea	ason B" above.						
1.									
2.									
3.									
Part 3 – Declarations and Sig	nature *								
I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Accountholder's relationship with HBL UAE setting out how HBL UAE may use and share the information supplied by me.									
I acknowledge that the information contained in this form and information regarding the Accountholder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Accountholder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.									
I certify that I am authorised to	o sign for the Accountholder in respect o	of all the account(s) to which this form re	elates.						
disclose my personal informat		ue, accurate and complete in all respects. Ilator or Tax Authorities (or his represent r nature.							
I undertake to notify the bank	in writing within 30 calendar days if the	ere is a change in any information which I	have provided to the bank.						
Name									
Signature									
Date	D D M M Y Y Y	Y							
Note: If you are not the Accountholder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.									