

CUSTOMER DECLARATION

Sole Trader (Business Account)

	Date:			
IDENTIFICATION INFORMATION OF BEN	IEFICIAL OWNER			
CIF#:				
Customer Name:				
Identification: VAT#:	tification: VAT#: Co. Re		g#: BIR#:	
Legal Address:	gal Address:		Mailing Address (if different from Legal):	
Date of Registration:		Power of Attorney (if applicable):		
Country of Registration:				
ontact#: (Bus): (Own		ner Mobile): (Fax]:		
Do you hold citizenship/ nationality/ residency status in another country/ countries:				
RESIDENCY INFORMATION OF BENEFICE	AL OWNER			
Are you a person who must comply with a disclosure requirement of tax residency? Yes No				
If Yes, please list country/ countries of residency for tax purposes, and your corresponding tax identification				
information, e.g. Social Security Number (SSN), Individual Tax Identification Number (ITIN) or Inland Revenue				
Number (IRN) (where applicable):				
Country	Tax ID Type and Number		If Tax ID is unavailable,	
			please state reason A,B or	
			(with explanation where necess	ary)
Reason A- The country/ jurisdiction where Account Holder is liable to pay tax does not issue Tax IDs to its residents. Reason B- The Account Holder is otherwise unable to obtain a Tax ID or equivalent number (<i>Include explanation above</i>)				
Reason C- No Tax ID is required (note: only select this reason if the authorities of the country of residence for tax purposes				
do not require the Tax ID to be di			·	
DECLARATION				
l,	do hereby s	solemnly and si	ncerely declare as follows:	
1. I hereby certify/confirm that the information on this Form is to the best of my knowledge and belief, true, correct and				
complete. 2. I am not a citizen or resident for tax pur	noses of any country	other than thes	a listed in the section of this Fo	orm
 I am not a citizen or resident for tax purposes of any country other than those listed in the section of this Form "Residency Information of Beneficial Owner". 				
3. I will notify First Citizens immediately, but no later than thirty (30), in the event of any change whatsoever to the				
information stated on this Form. I agree				ditional
information/ documents confirming my4. I agree that First Citizens may provide to		•		authority
(or any party authorized to act on behal				
information that may be required to be			Internal Revenue Service or an	ıy other
relevant tax authority relating to my acc	count(s) with First Cit	tizens.		
Customer Signature:	tomer Signature:		Date:	
*Legal Representative Signature:				
Only applicable when a customer is Legally Repr				
CSR Signature:			Date:	
-				
Δuthorized Signature·			Date [.]	

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