

U.S. Tax Declaration Under Foreign Account Tax Compliance Act (FATCA)

The Foreign Account Tax Compliance Act (FATCA) is a U.S. law and regulation to improve tax compliance on U.S. Persons, their foreign financial assets and offshore accounts. Under FATCA, U.S. taxpayers with specified foreign financial assets that exceed certain thresholds must report those assets to the IRS. FATCA comes into effect on 1 July 2014.

FATCA also requires foreign financial institutions to report directly to the IRS information about financial accounts held by U.S. taxpayers, or held by foreign entities in which U.S. taxpayers hold a substantial ownership interest.

FATCA definitions of "U.S. persons" includes a citizen or permanent resident of the United States or U.S. territories (e.g. U.S. Green Card holder or someone who meets the requirements to be considered a resident under the 'substantial presence test'); U.S. corporations, partnerships, estates and trusts, as well as, any other person that is not a foreign (i.e., non-U.S.) person (as defined under U.S. federal tax law).

This form must be completed by any individual who wishes to open a banking account. Please complete in BLOCK LETTERS.

Name:						
Nationality/Country of Birth:						
Residency/Alternate Nationality:					•••••••••••••••••••••••••••••••••••••••	
Please check "✓" Yes or No for each of the f	following questions:					
1. Are you a U.S. Resident? (Include	ding a current work permit)	□No	Yes, tax number:			
2. Are you a U.S. Citizen or a Citizen	en of a U.S. Territory?	□No				
3. Do you hold a U.S. Permanent f	Resident Card (Green Card)?	□No				
I hereby confirm the information provided above is true, accurate and complete.						
Subject to the applicable local laws, I hereby consent for CIMB Bank Berhad, Singapore Branch, its parent or ultimate holding company or any of its affiliates (including branches) (collectively as "CIMB") to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any/the relevant jurisdiction.						
Where required by domestic or overseas regulators or tax authorities, I also understand and agree that CIMB may be required to obtain additional documents and/or forms, which I will sign, if I am subject to the relevant jurisdiction's requirements.						
Where required by domestic or overseas regulators or tax authorities, I understand and agree that CIMB may withhold, and pay out, from my account(s) such amounts as may be required according to applicable laws, regulations, guidelines and/or agreements with regulators or authorities and directives.						
I also agree and undertake to notify any information which I have provid		ays), or p	provide the information	n if request	ted by CIMB, if there is a change in	
Signature						
Name:						
NRIC/Passport/ID No.: (Please include the 8 digit/letter U.S. Visa, where the state of the state	here applicable)					
Date:						
FOR BANK USE ONLY						
U.S. INDICIA						
U.S. CITIZEN/RESIDENT U.S. BIRTH PLACE	U.S. ADDRESS P.O.A/AUTHORISE				U.S. PHONE NO. (+1) HOLD MAIL/'IN-CARE-OF' ADDRESS	
ATTENDED BY:	VERIFIED BY:	11	NPUT BY:	_	CHECKED BY:	
DATE:	DATE:		ATE:		DATE:	

Thank you for banking with CIMB Bank. CIMB Bank Berhad (13491-P)

For assistance: Daily Banking (65) 6333 7777 | AtYourService@cimb.com Credit Cards (65) 6333 6666 | sg.cardcentre@cimb.com

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