



ATLA
GROUP

ATLA FIDUCIARIES LIMITED

Self-Certification Form for an Entity



We are obliged under the Isle of Man Income Tax Act 1970, Regulations, Guidance Notes made pursuant to that Law and Treaties and Intergovernmental Agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively 'AEOI'), to collect certain information about each client's tax status.

Please complete all sections below and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this form shall have the same meaning as applicable under the relevant Isle of Man Regulations, Guidance Notes or Agreements.

If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please refer to the OECDs CRS Commentaries, the OECD AEOI Portal, the Isle of Man's FATCA and/or CRS guidance or contact your tax advisor.

Part 1 - General	
Entity Information	
Legal Name of Entity:	
Jurisdiction of Incorporation / Establishment:	
Date of Incorporation / Establishment:	
Registered Address:	
Mailing Address (If different from above):	

Part 2 - US FATCA			
US Persons			
Please complete this section as appropriate if the entity is a US Person:-			
I confirm that I am a US citizen and / or resident in the US for tax purposes:	Yes		If Yes, my US taxpayer identifying number (TIN) is:
	No		
The entity is a US Person that is not a Specified US person:	Yes		If Yes, indicate exemption:
	No		



Part 3 – US FATCA Classification for all Non-US Entities	
Please complete this section if the entity is not a US Person.	
3.1 If the entity is a Registered Financial Institution, please tick one of the categories below:	
Isle of Man or IGA Partner Jurisdiction Financial Institution	<input type="checkbox"/>
Registered Deemed Compliant Foreign Financial Institution	<input type="checkbox"/>
Participating Foreign Financial Institution	<input type="checkbox"/>
Please provide the entity's Global Intermediary Identification Number (GIIN):-	

3.2 If the entity is a Financial Institution but unable to provide a GIIN, please select one of the reasons below:-	
A. The entity is a Sponsored Financial Institution (including a Sponsored Investment Entity and a Sponsored Closely Held Investment Vehicle) and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN below:-	<input type="checkbox"/>
Sponsoring Entity's Name:	<input type="text"/>
Sponsoring Entity's GIIN:	<input type="text"/>
B. The entity is a Trustee Documented Trust	<input type="checkbox"/>
Trustee's Name:	<input type="text"/>
Trustee's GIIN:	<input type="text"/>
C. The entity is a Certified Deemed Compliant, or other Non-Reporting Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or sponsored Financial Institution).	<input type="checkbox"/>
Indicate exemption:-	<input type="text"/>
D. The entity is an Owner Documented Financial Institution	<input type="checkbox"/>
E. The entity is a Non-Participating Foreign Financial Institution	<input type="checkbox"/>

3.3 If the entity is not a Financial Institution please confirm the entity's FATCA status below:-	
If the entity is an Exempt Beneficial Owner, please indicate status:-	<input type="checkbox"/>
The entity is an Active Non-Financial Foreign Entity (including an Excepted NFFE)	<input type="checkbox"/>
The entity is an Active Non-Financial Foreign Entity	<input type="checkbox"/>
If the entity is a Direct Reporting NFFE, please provide the entity's GIIN:-	<input type="checkbox"/>
If the entity is a Sponsored Direct Reporting NFFE, please provide the Sponsoring entity's Name and GIIN:-	<input type="checkbox"/>
Sponsoring Entity's Name:	<input type="text"/>
Sponsoring Entity's GIIN:	<input type="text"/>

If you have confirmed that the entity is a Passive Non-Financial Foreign Entity please provide details of the Controlling Persons by completing Part IV of this form.



Part 4 - The Common Reporting Standard (CRS)	
Declaration of Tax Residence	
The entity is resident for tax purposes in the following jurisdictions:	Tax Identification Number (Or Equivalent):
E.g. United States	Please provide your TIN

If a TIN is not available please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (such as the jurisdiction does not issue such numbers) below:-

Further information on the issuance rules for TINs and their format can be found on the OECDs AEOI Portal: www.oecd.org/tax/automatic-exchange

CRS Classification	
Please provide your CRS classification by ticking the corresponding box(es) below. Please note, an entity's CRS classification may not necessarily be the same as its classification for US FATCA purposes.	
4.1 - If the entity is a Financial Institution please tick this box and specify the type of Financial Institution below:-	
Depository Institution	<input type="checkbox"/>
Custodial Institution	<input type="checkbox"/>
Investment Entity - within the meaning of Section VIII, A.6(a) of the CRS	<input type="checkbox"/>
'Managed' Investment Entity - within the meaning of Section VIII, A.6(b) of the CRS	<input type="checkbox"/>
Specified Insurance Company	<input type="checkbox"/>

If you have selected Managed Investment Entity, and the entity is resident in a Non-Participating Jurisdiction the entity will be treated as a Passive Non-Financial Institution. Please provide details of the Controlling Persons by completing Part 6 of this form.

4.2 - Non Reporting CRS Financial Institution please specify the type below:-	
Government Entity	<input type="checkbox"/>
International Organisation	<input type="checkbox"/>
Central Bank	<input type="checkbox"/>
Broad Participation Retirement Fund	<input type="checkbox"/>
Narrow Participation Retirement Fund	<input type="checkbox"/>
Pension Fund of a Government Entity, International Organisation of Central Bank	<input type="checkbox"/>
Exempt Collective Investment Vehicle	<input type="checkbox"/>
Trustee Documented Trust	<input type="checkbox"/>
Qualified Credit Card Issuer	<input type="checkbox"/>
Other Entity defined under domestic law as low risk of being used to evade tax. Please specify type:-	<input type="checkbox"/>

4.3 - If the entity is an Active Non-Financial Entity please confirm	<input type="checkbox"/>
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4.4 - If the entity is a Passive Non-Financial Entity please confirm	<input type="checkbox"/>
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If you have confirmed that the entity is a Passive Non-Financial Foreign Entity please provide details of the Controlling Persons by completing part 6 of this form.

Part 5 - Entity Declaration	
Entity Declaration and Undertakings	
<p>I declare (as the authorised signatory of the entity) that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.</p> <p>I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.</p> <p>Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.</p>	
Authorised Signature:	
Name:	
Position / Title:	
Date:	

Part 6 - Controlling Persons			
Please complete Part 5 for each controlling person.			
6.1 - Personal Information of a Controlling Person			
Surname:			
Forenames(s):			
Date of Birth:			
City / Town of Birth:		Country of Birth:	
Permanent residential address (not PO Box):			
Mailing address (if different from above):			

6.2 - Declaration of Tax Residence	
Please indicate the Controlling Person's place of tax residence. If resident in more than one jurisdiction please detail all jurisdictions and associated Tax Identification Number for each jurisdiction.	
Jurisdiction of Tax Residence:	Tax Identification Number (or equivalent):



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If a TIN is not available please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (such as the jurisdiction does not issue such numbers) below:-

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Further information on the issuance rules for TINs and their format can be found on the OECDs AEOI Portal: www.oecd.org/tax/automatic-exchange

Part 7 - Type of Controlling Person	
Controlling Person of a Legal Person - Control by Ownership	
Controlling Person of a Legal Person - Control by other means	
Controlling Person of a Legal Person - Senior Managing Official	
Controlling Person of a Trust - Settlor	
Controlling Person of a Trust - Trustee	
Controlling Person of a Trust - Protector	
Controlling Person of a Trust - Beneficiary	
Controlling Person of a Trust - Other	
Controlling Person of a Legal Arrangement (non-Trust) - Settlor equivalent	
Controlling Person of a Legal Arrangement (non-Trust) - Trustee equivalent	
Controlling Person of a Legal Arrangement (non-Trust) - Protector equivalent	
Controlling Person of a Legal Arrangement (non-Trust) - Beneficiary equivalent	
Controlling Person of a Legal Arrangement (non-Trust) - Other equivalent	

Part 8 - Controlling Person Declaration and Undertakings	
<p>I acknowledge that the information provided in this form and regarding the Controlling Persons and any Reportable Account (s) may be reported to the tax authorities of the jurisdiction in which the account(s) is maintained and exchanged with tax authorities of another jurisdiction in which [I/the Controlling Person] may be tax resident pursuant to International Agreement to exchange financial account information.</p> <p>I certify that I am the Controlling Person, or authorised signatory for the Controlling Person, or authorised signatory for the Controlling Person, of all the account(s) held by the entity to which this form relates.</p> <p>I declare that all of the statements made in this declaration are, to the best of my knowledge, correct and complete.</p> <p>I undertake to advise the recipient promptly and provide an updated Self-Certification Form within 30 days where any change in circumstance occurs which causes any of the information contained in this form to be inaccurate or incomplete.</p>	
Authorised Signature:	
Name:	
Position / Title:	



Date:

Note: If you are not the Controlling Person please indicate the capacity in which you are signing this form.