



Controlling Person Tax Residency Self-Certification Form

A. Name of Entity/ NFE/ Trust/ Foundation:

Part I: Identification of a Controlling Person

Title: Mr. Mrs. Ms. Other: _____

Family Name or Surname(s)

First or Given name(s)

Middle Name(s)

B. Current Residence Address:

Line 1 (House/ Apt/ Suite Name, Number Street)

Line 2 (Town/ City Province/ County/ State)

Country (Jurisdiction of Residence) Postal Code/ ZIP code

C. Mailing Address: (To complete only if different from the address shown in Section B above)

Line 1 (House/ Apt/ Suite Name, Number Street)

Line 2 (Town/ City Province/ County/ State)

Country Postal Code/ ZIP code

D. Date of Birth:

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E. Place of Birth

Town or City of Birth

Country of Birth

F. Please enter the legal name of the relevant entity Account Holder(s) of which you are a Controlling Person

Legal name of Entity 1

Legal name of Entity 2

Legal name of Entity 3

G. Account Number SOL ID: Branch Name:

Currency: MUR USD GBP EUR Others: _____



Part II: Country of Residence for Tax Purposes and related Taxpayer Identification number or functional equivalent (“TIN”) (See Appendix)

Please complete the following table indicating:

1. where the Controlling Person is tax resident;
2. the Controlling Person's TIN for each country indicated; and,
3. if the Controlling Person is a tax resident in a country that is a Reportable Jurisdiction(s) then please also complete Part 3”**Type of Controlling Person**”.

(You can also find out more about whether a country is reportable Jurisdiction on the **OECD automatic exchange of information portal**).

If the Controlling Person is tax resident in more than three countries, please use a separate sheet.

If a TIN is unavailable, please provide the appropriate reason **A, B or C**:

Reason A The country where the controlling person is liable to pay tax does not issue TINs to its residents

Reason B The Account Holder is otherwise unable to obtain an TIN or equivalent number
(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C No TIN required.
(Note: Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

	Country of tax residence	TIN	If no Tin available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above

1	
2	
3	



Part III: Type of Controlling Person

(Please only complete this section if you are a tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Person's Status by ticking the appropriate box.		Entity 1	Entity 2	Entity 3
a	Controlling Person of a legal person - control by ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Controlling Person of a legal person - control by other means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Controlling Person of a legal person - senior managing official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Controlling person of a trust - settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Controlling person of a trust - trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Controlling person of a trust - protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Controlling person of a trust - beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Controlling person of a trust - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Controlling Person of a legal arrangement (non- trust) - settlor-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Controlling Person of a legal arrangement (non- trust) - trustee-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Controlling Person of a legal arrangement (non- trust) - protector-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Controlling Person of a legal arrangement (non- trust) - beneficiary-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Controlling Person of a legal arrangement (non- trust) - other-equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Part III: Declarations and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with SBI (Mauritius) Ltd setting out how SBI (Mauritius) Ltd may use and share the information supplied by me.

I acknowledge that the information contained in this information regarding the Controlling Person and any Reportable Accounts(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which (I/ the Controlling Person) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the entity Account Holder to which this form relates and where I am not the Controlling Person.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to SBI (Mauritius) Ltd and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise SBI (Mauritius) Ltd within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide SBI (Mauritius) Ltd with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:

Name:

For/ On Behalf of Entity Name:

Date:

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Note: If you are not the Controlling Person 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.

Capacity: