



Individual Tax Residency Self-Certification Form

PART 1 - IDENTIFICATION OF INDIVIDUAL ACCOUNT

NAME OF ACCOUNT HOLDER	
Title	
Surname	
First Name	
Middle Name*	

* if applicable

ADDITIONAL DETAILS OF ACCOUNT HOLDER		
Date of Birth		
Town/City of Birth		
Country of Birth		
Reporting Status*	<input type="radio"/> FATCA	<input type="radio"/> CRS

* tick appropriate; FATCA applies to US Residents/ Citizens only. CRS applies to Non-US

CURRENT RESIDENTIAL ADDRESS			
Line 1			
Line 2			
Line 3			
Postal/Zip Code		Country	

MAILING ADDRESS			
Line 1			
Line 2			
Line 3			
Postal/Zip Code		Country	

PART 2 - COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT

1. Country/Jurisdiction of Tax Residency:

2. Taxpayer Identification Number (compulsory for FATCA):

3. If a TIN is unavailable, please select the appropriate reason:

Note: for CRS tax resident, non US resident/citizen

- Reason A - The country/jurisdiction where the Controlling Person is resident does not issue TINs to its residents.
- Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number.
Please explain why you are unable to obtain a TIN in the field to the right if you have selected this reason.
- Reason C - No TIN is required.
Note: only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.

Please explain in the following field why you are unable to obtain a TIN if you selected Reason B. (does not apply for FATCA)

PART 3 - DECLARATION & SIGNATURE

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 Global Primex Limited 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 or incomplete, and to provide Global Primex Limited with a suitably updated self-certification/Declaration within 30 days of such change in circumstances.

Print Name:

Date:

Signature:

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: