**Instructions:** *Please read these instructions before completing the form.*

**Why must you complete this form?**

This form is intended to request information consistent with the *Tax Procedures (Common Reporting Standards) Regulations, 2023.* Under *the Tax Procedures (Common Reporting Standards) Regulations, 2023****,*** Kenyan Financial Institutions are required to determine and report an account holder’s *“tax residence”* (where you are liable to pay income tax). Completing this form will ensure that DIB Bank Kenya Ltd hold accurate and up to date information about your tax residence. For more information on tax residence, please consult your tax adviser or the information at the *Kenya Revenue Authority Portal* or OECD automatic exchange of information portal.

In general, you will find that tax residence is the Country/Jurisdiction in which you live. Special circumstances may cause you to be resident elsewhere or resident in more than one Country/Jurisdiction at the same time (dual residency).

If your tax residence is located outside Kenya, we may be legally obliged to pass on the information in this form, along with information relating to your accounts to the Kenya Revenue Authority (KRA). That may then be shared between different countries’ national tax authorities pursuant to intergovernmental agreements to exchange financial account information.

Information provided in this form will remain valid unless your circumstances change making any of the information incorrect. If your circumstances change, you must notify us immediately and provide an updated Self-Certification.

If you are a U.S. Citizen or tax resident under U.S. Foreign Account Tax Compliance Act (FATCA) law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. You still need to fill in this form and provide additional information for the CRS as this is a different regulation.

**Who should complete this form?**

Please fill in this form if you are an **individual account holder**, **sole trader, or sole proprietor.**

For joint or multiple account holders, use a separate form for each individual person.

Where you need to self-certify on behalf of an entity account holder, do not use this form. Instead, you will need an *“Entity tax residency self-certification.”* Similarly, if you are a controlling person of an entity, please fill in a **“Controlling person tax residency self-certification form”** instead of this form.

**If you are filling in this form on behalf of someone else.**

Please tell us in what capacity you are signing in Part 3 of this form. For example, you may be completing this form as custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a power of attorney.

A legal guardian should complete the form on behalf of an account holder who is a minor.

**As a financial institution, we are not allowed to give tax advice.**

Your tax adviser may be able to assist you in answering specific questions on this form. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the *Kenya Revenue Authority Portal* or *OECD automatic exchange of information portal.*

**For additional clarification:**

If you have any questions about completing this form, please contact your Relationship Manager or visit your nearest branch or call us on **+254 709 913 000** / Email: [contactus@dibkenya.co.ke](mailto:contactus@dibkenya.co.ke)

*(Please complete parts 1-3* *in BLOCK CAPITALS)*

**Part 1 – Identification of Individual Account Holder**

|  |  |  |
| --- | --- | --- |
| 1. **Name of Account Holder: \*** | Family Name or Surname(s): \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First or Given Name: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **Date of Birth\*** *(DD/MM/YYYY)* |  | |
| 1. **Place of Birth\***   *(Town or City of Birth)* |  | |
| 1. **Country of Birth\*** |  | |
| 1. **Current Residence Address\*** | *House / Apartment Name & Number\** |  |
| *Road / Street Name & Number.* *\** |  |
| *Town/City/Province/County/State\** |  |
| *Postal Code/ZIP Code (if any): \** |  |
| *Country\** |  |
| 1. **Mailing Address**   *(please only complete if different from current residence address filled in section* ***E*** *above)* | *House / Apartment Name & Number* |  |
| *Road / Street Name & Number.* |  |
| *Town/City/Province/County/State* |  |
| *Postal Code/ZIP Code (if any):* |  |
| *Country\** |  |

**Note:** For joint or multiple account holders, use a separate form for each individual person.

**Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number (“TIN”).**

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s Tax Identification Number (TIN) for each Country/Jurisdiction indicated.

*If the Account Holder is a tax resident in more than three countries/jurisdictions, please use a separate sheet.*

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

* **Reason A** - The country/jurisdiction where the Account Holder 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 below table 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).

|  |  |  |  |
| --- | --- | --- | --- |
| **Country/Jurisdiction of tax residence** | | **TIN** | **If no TIN is available enter Reason A, B, or C** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| *If you selected* ***Reason B*** *above, please explain in the following boxes why you are unable to obtain a Tax Identification Number (TIN).* | | | |
| 1. |  | | |
| 2. |  | | |
| 3. |  | | |

**Part 3 – 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 DIB Bank Kenya Limited setting out how DIB Bank Kenya Limited may use and share the information supplied by me.

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

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I absolve DIB Bank Kenya Limited from any responsibility in the event of any errors, inconsistencies, or lack of details provided above.

I undertake to advise DIB Bank Kenya Limited within **30 days** of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect or incomplete and to provide DIB Bank Kenya Limited with a suitably updated self -certification and declaration or a reasonable explanation and documentation not later than the last day of the relevant calendar year or within 30 days of such change in circumstances whichever is earliest.

|  |  |
| --- | --- |
| **Signature:** **\*** |  |
| **Full Name:** **\*** |  |
| **Date** (DD/MM/YY): \* |  |
| **Capacity in which you are signing this form: \***  (Account holder, POA holder, Guardian, etc.): |  |

**Note:** If you are not the Account Holder, 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.

**For Bank Use Only**

Attended By Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff ID \_\_\_\_\_\_\_\_\_\_\_\_\_Sign/date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Risk and Compliance Review**

**Based on client’s declaration:**

**Qualify / Reportable: Yes No**

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff ID \_\_\_\_\_\_\_\_\_\_\_\_\_Sign/date:\_\_\_\_\_\_\_\_\_\_\_\_