



- Please complete this form if you are an Individual or Sole Trader.
- Ensure that all relevant sections are completed in BLOCK CAPITALS and in black or blue ink.
- The use of correction fluid / tape is not permitted on this form.
- For Joint Individual accounts, each applicant must fill in a separate form.
- MEGA FINANCE RESERVE BANK USA, hereinafter referred to as "the Bank", is the trading name of MEGA FINANCE RESERVE BANK USA Limited.

1. Title of Account / Business Name:

2. Name of Individual / Sole Trader :

First Name															
Middle Name															
Surname															

3. Please tick either "Yes" or "No" for each of the following questions:

	Yes	No
i. Were you born in the U.S.A.?		
ii. Are you a U.S. Citizen? iii. Are you tax resident in any jurisdiction outside the U.S.A.?		
iv. Do you hold Multiple Nationalities?		
v. Do you hold a Permanent Resident Card for any country other than U.S.A.?		
vi. Have you visited the U.S.A. In the last 3 years and stayed for a total of 183 days or more?		
vii. Have you surrendered your U.S. Permanent Resident Card (Green Card)?		
viii. Have you renounced your U.S. Nationality?		
ix. Do you have any U.S. Address?		
x. Do you have a U.S. Contact number?		
xi. Have you given Power of Attorney to a U.S. Citizen or Resident?		
xii. Will you be remitting funds by standing order to an account maintained in the U.S.A.?		

4. Additional Information:

- a. If you have answered "Yes" to points i. and ii. please fill in IRS Form W9.
- b. If you have answered "Yes" to point iii. please provide details below:

Country Name	Unique Tax Identification No. (E.g., NI, TIN, PAN, TFN)

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If you cannot provide a unique tax identification number (TIN) please state reason A, B or C next to the country of tax residence, where:

- **Reason A**—The country does not issue a TIN;
- **Reason B**—You have not been able to obtain a TIN—Please provide an explanation in the table above;
- **Reason C**—No TIN required—Give this reason only if the country of tax residence does not require a TIN to be disclosed.

If your country of tax residence is the U.S. please fill in IRS Form **W9**.

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ADDITIONAL INFORMATION FORM (FATCA/CRS)

c. If you have answered “Yes” to points iv. and v. please provide details below:

	<i>Passport No.</i>	<i>Resident Card No.</i>
<i>Nationality/Permanent Residency 1</i>		
<i>Nationality/Permanent Residency 2</i>		
<i>Nationality/Permanent Residency 3</i>		

If you have U.S. Passport or Green Card, please fill in IRS Form **W9**.

d. If you have answered “Yes” to point vi. please fill in the following table:

<i>Year</i>	<i>Length of stay in the U.S.</i>	<i>Calculation</i>
<i>Current</i>		<i>Stay x 1 = days</i>
<i>Previous</i>		<i>Stay x 1/3 = days</i>
<i>Year before previous</i>		<i>Stay x 1/6 = days</i>
<i>Total</i>		<i> days</i>

If the total as per the table is greater than or equal to 183 days, please fill in IRS Form **W9**.

e. If you have answered “Yes” to point vii. please enclose a copy of Form I-407 and fill in IRS Form **W8-BEN**.

f. If you have answered “Yes” to point viii. please enclose a copy of Form DS-4083 and fill in IRS Form **W8-BEN**.

g. If you have answered “Yes” to point xi. please provide the following additional info

Name of US Person to whom POA has been granted: _____

Address: _____

h. If you have answered “Yes” to points ix. to xii. please fill in IRS Form **W8-BEN**.

5. Declaration

I hereby confirm that the information provided in this Form is true, accurate and complete, under penalty of perjury. Subject to applicable local laws, I hereby consent for the Bank to share my personal information with respect to any of my accounts with the Bank directly or individually with the Overseas Regulators or Tax Authorities where necessary to establish my tax liability in any jurisdiction.

I hereby undertake to comply with and act in accordance with all requirements that the Bank may have from time to time and any direction given to me by the Bank in relation thereto. I undertake to provide the Bank with any

Signature

undertakings and/or declarations, including signing any form, within the specified timeframe, which in the opinion of the Bank is deemed necessary and appropriate. I understand that failure to do so could result in the Bank terminating the relationship at its own discretion.

I undertake to notify the Bank within 30 days if there is a change to any information provided herein.

Date _____

Capacity in which signing (please tick one):

Self

Guardian

Attorney