REGENTS PARK SECURITIES

Individual Tax Residency Self-Certification Form

Please read the instructions document for instructions on filling out this form. If you have any questions, please do not hesitate to ask your Regents Park Securities representative.

Part 1 – Identification of Individual Account Holder

A. Name of Account Holder

Family Name or Surname(s) *	
Title	
First or Given Name *	
Middle Name(s)	

B. Current Residence Address

Line 1 *(e.g. House / Apt / Suite Name, Number, Street, if any)* *	
Line 2 *(e.g. Town / City / Province / County / State)*	
Country *	
Postal Code / ZIP Code (if any) *	

C. Mailing Address

Please only complete if different to the address shown in Section B.

Line 1 *(e.g. House / Apt / Suite Name, Number, Street)*	
Line 2 *(e.g. Town / City / Province / County / State)*	
Country	
Postal Code / ZIP Code	

D. Date of Birth

Date of Birth *	/ / *(dd / mm / yyyy)*

E. Place of Birth

Town or City of Birth *	
Country of Birth *	

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 TIN for each country / Reportable Jurisdiction indicated. Countries / jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not tax resident in any country / jurisdiction (e.g. because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

If the Account Holder is 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 where 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 explanation table below 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 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 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 **Regents Park Securities** setting out how Regents Park Securities 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 authorised 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 undertake to advise **Regents Park Securities** 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 Regents Park Securities with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

Signature ***** _____

Print name ***** _____

Date ***** _____

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.

Capacity ***** _____