

# Foreign Account Tax Compliance Act (FATCA) Supplement Form For All Accounts



This form must be completed by any individual / entity who wishes to open a banking account

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**A/C No.:** \_\_\_\_\_

SL No.	Required Information for FATCA	Tick (✓) the following	
		Yes	No
1.	Are you a U.S. Citizen/ Permanent Resident/ Green Card Holder/ Temporary Resident?		
2.	Do you have a U.S. Address (Resident or Correspondence)?		
3.	Do you have a US address like “in care of” or “hold mail” or “P.O. Box Address” etc.?		
4.	Do you have a Power of Attorney or Signatory Authority granted to Person with U.S. address?		
5.	Do you have a U.S. place of birth?		
6.	Do you have a U.S. Telephone Number?		
7.	Do you have Standing Instructions to transfer funds to account maintained in the U.S. or directions received from a U.S.?		
8.	In case of any foreign entity where there is substantial US ownership i.e. 10% or more? (These could be in the US or outside the US and financial or Non-financial entities)		

If you have any (✓) mark(s) in the "Yes" column of above table please provide the following info:

## A. Residential Address:

<b><u>Street:</u></b>	<b><u>Building Identifier:</u></b>	<b><u>Suite Identifier:</u></b>	<b><u>Floor Identifier:</u></b>
<b><u>District Name:</u></b>	<b><u>P.O. Box:</u></b>	<b><u>Post Code:</u></b>	<b><u>City or Town:</u></b>
<b><u>State / Province / Region:</u></b>		<b><u>Country:</u></b>	

## B. Contact:

<b>Telephone No:</b>	<b>Mobile No:</b>
<b>Fax:</b>	<b>E-mail:</b>

## C. Passport & Visa:

<b>Passport No :</b>	<b>Date of Issue :</b>
<b>Place of issue :</b>	<b>Issuing Authority of Visa:</b>
<b>Issue date of Visa:</b>	<b>Expiry Date of Visa :</b>

## D. Birth Info:

<b>Birth Date:</b>	<b>Country of Birth:</b>
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**E. Permanent Resident (PR)/ Green Card Number (If applicable):**

**F. Occupation:**

**G. US TIN:**

Social Security Number (SSN) :  
Employer Identification Number (EIN) :  
Individual Taxpayer Identification Number (ITIN) :  
Adoption Taxpayer Identification Number (ATIN) :  
Preparer Taxpayer Identification Number (PTIN) :

**Declaration:**

I hereby confirm the information provided above is true, accurate and complete.

Subject to applicable local laws, I hereby consent for Al-Arafah Islami Bank Limited or any of its affiliates (including branches) (Collectively "the Bank") to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I do hereby, consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I do hereby also undertake that in all cases where payments are to be received in my account from US sources, the Bank will not be held responsible for any deductions being made by way of a withholding tax under FATCA or otherwise.

I undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_