

Please note - when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys.

UK tax regulations require the collection of information regarding an account holder's tax residency. Therefore, please complete the relevant questions below and provide the information requested. Please note that we may be required to share this information with the relevant tax authorities.

Section A – Controlling Person(s)
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A Controlling Person – where 50% or more of your income comes from non-trading activity (e.g. interest, dividends, rents, royalties, capital gains, currency gains, annuities) there is a requirement to determine who has control over the entity. Details of all controlling persons who are beneficial owners and have direct or indirect control over the entity must be recorded below.

Please provide details of each controlling person and move to Section B – Declaration & Signature. If you need more space, please continue on a separate sheet, sign it, date it, and attach it to this form.

Controlling Person 1

Full name	<input style="width: 95%;" type="text"/>	
Date of Birth	<input style="width: 40%;" type="text"/>	(DD/MM/YYYY)
Permanent residence address of the controlling person (don't use a P.O. box or an 'In care of' address)		
<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		
Country of Tax Residency (list all)		Tax Identification Number (TIN) or local equivalent
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>

Controlling Person 2

Full name	<input style="width: 95%;" type="text"/>	
Date of Birth	<input style="width: 40%;" type="text"/>	(DD/MM/YYYY)
Permanent residence address of the controlling person (don't use a P.O. box or an 'In care of' address)		
<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		
Country of Tax Residency (list all)		Tax Identification Number (TIN) or local equivalent
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>

Controlling Person 3

Full name	<input type="text"/>
Date of Birth	<input type="text"/> (DD/MM/YYYY)
Permanent residence address of the controlling person (don't use a P.O. box or an 'In care of' address)	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Country of Tax Residency (list all)	Tax Identification Number (TIN) or local equivalent
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Controlling Person 4

Full name	<input type="text"/>
Date of Birth	<input type="text"/> (DD/MM/YYYY)
Permanent residence address of the controlling person (don't use a P.O. box or an 'In care of' address)	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Country of Tax Residency (list all)	Tax Identification Number (TIN) or local equivalent
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Controlling Person 5

Full name	<input type="text"/>	
Date of Birth	<input type="text"/>	(DD/MM/YYYY)
Permanent residence address of the controlling person (don't use a P.O. box or an 'In care of' address)		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Country of Tax Residency (list all)	Tax Identification Number (TIN) or local equivalent	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

Controlling Person 6

Full name	<input type="text"/>	
Date of Birth	<input type="text"/>	(DD/MM/YYYY)
Permanent residence address of the controlling person (don't use a P.O. box or an 'In care of' address)		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Country of Tax Residency (list all)	Tax Identification Number (TIN) or local equivalent	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

If you are unsure on any of the questions above, please refer to your tax advisor before completing this form. Additional guidance is available at www.rbs.com/taxresidency or via the Operational Tax Helpdesk on 0208 242 9447 (Minicom 01617 555821) between 8am and 6pm Monday to Friday. We're closed on UK bank holidays.

Section B – Declaration and Signature

I confirm that I am an authorised signatory on the account being opened and I have the capacity to complete this form on behalf of the entity. I declare that the above information is accurate and complete. I will inform the Bank within 30 days of any change in circumstances that would invalidate the answers provided above.

Customer signature

Name (Print in full) _____

Date (DD/MM/YYYY) _____

Please indicate the capacity in which you have acted here
