FATCA STATUS DECLARATION FORM (INDIVIDUAL)

Account Name	:								
Account Number	:		-						
Country of Birth	:								
Country of Residence	:								

Please tick Yes or No for each of the following questions:

Γ

No

Yes

1.	Are you a US Citizen?	
2.	Do you hold U.S. Green Card or are a lawful resident of the US?	
3.	Do you have a U.S. address (including P.O. Box) or U.S. phone number or U.S. e-mail address?	
4.	Have you granted Power of Attorney to someone who has a U.S. address or U.S. phone number or U.S. e-mail address?	
5.	Have you stayed in U.S. for 183 days during 3-year period including present year?	
6.	Do you receive payments sourced from USA? That is Interest, Dividend, Rent, and Payment for services (salaries), and any other Fixed Determinable Annual Periodical [FDAP] income.	

I/we hereby acknowledge that the statement given above is true, accurate and complete. In any event if this statement is identified as false, I hereby consent MDB to treat the account as per the directions of FATCA.

I/we hereby consent for MDB or any of its affiliates (including branches) to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction (if required).

Where required by domestic or overseas regulators or tax authorities, I/we consent and agree that the bank may withhold and pay out from my account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I/we agree and undertake to notify MDB within 30 calendar days if there is a change in any information which I/we have provided to the bank.

Signature (with seal & date)	Signature (with seal & date)	Signature (with seal & date)

Account Name	:													
Account Number	:			-										
Customer ID	:	I												
AOF checked, sup	portir	ıg docı	uments	receiv	ed a	nd pr	eserve	ed w	ith A(DF	•		ľ	
Signature (s) adm	itted/	verifie	d											
Updated in CBS														