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Self-Certification of Residency Form

Branch:

Member No.:

SECTION 1: DECLARATION OF CITIZENSHIP AND/OR RESIDENCE FOR TAX PURPOSES

Please tick either (a) or (b) and complete as appropriate.

- (a) ☐ I hereby confirm that I am, for tax purposes, not a resident of any other country except Jamaica, and my TRN number is:
(b) ☐ I hereby confirm that I am, for tax purposes, resident of another country except Jamaica. (Complete Section 2)

SECTION 2: DECLARATION OF TAX RESIDENCY (OTHER THAN JAMAICA)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference type and number applicable in each country).

Country/countries of tax residency	Tax reference type (eg. TRN, SSN, TIN)	Tax reference number

SECTION 3: DECLARATION, UNDERTAKING AND CONSENT

- I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.
- I undertake to advise C&WJCCU promptly and provide an updated Self-Certification of Residency form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.
- I hereby consent to C&WJCCU sharing (whether directly or indirectly) with tax authorities or such other party the information contained in this form and/or a copy of this form, information pertaining to my accounts within the Credit Union, and to disclose any additional documentation or information that is in the possession of C&WJCCU and is relevant to my claiming any benefits on the basis of this certification.

Name of Signatory: Signature: Date:

SECTION 4: CREDIT UNION USE ONLY

Staff Member Certification

Following my assessment of the AML/KYC information and documentation provided by the above-mentioned member, I confirm that the self-certification provided seems:

- ☐ Reasonable
☐ Unreasonable and the Member was asked to provide a revised Self-Certification of Residency form.

Name of Signatory: Signature: Date:

Note:

We are obliged under the Convention on Mutual Administrative Assistance in Tax Matters (MAAC) and all enactments supporting the implementation to improve tax compliance and the exchange of tax information, to collect certain information about each account holder's tax arrangements.

Please complete the sections above as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant regulations and/or guidance notes.

If any of the information provided about your tax residence changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Please note that where there are joint account holders each account holder is required to complete a separate Self-Certification of Residency form.