

Information provided on this form will be used to comply with tax-related regulatory requirements. Failure to complete and return this form may result in your accounts being reportable to the relevant tax authorities.

If you represent a business other than a sole proprietor or an oral/informal trust, please fill out and submit a Tax Residency Self-Certification for BUSINESS form.

Rev. 01/2017-GBM
<b>Office Use Only – CID Number</b>

**A. Account holder identification (For Joint Account Holders, please complete for each Holder)**

Full Name of Individual (As per NRIC or Passport)			
Account Number:		Date of Birth (DD/MM/YY)	
Permanent Residence Address ( <i>number and street; apartment or suite number; do not use PO Box or "in care of" address</i> )			
City	Province/state	Postal code/ZIP code	Country ( <i>do not abbreviate</i> )

**B. Account Holder Tax Residency – United States**

**B.1** Are you required to file a tax return in the United States?

No. **Advance to Section C.**

Yes. *Provide U.S. Social Security Number (SSN)* \_\_\_\_\_

Note: Persons who are required to file a tax return in the U.S. include, but not limited to, U.S. Citizens (including persons with dual citizenship) and persons with U.S. resident status.

**C. Account Holder Tax Residency – Other Countries**

Are you required to file a tax return in any country other than the U.S. or Canada?

No. **Continue to Section D.**

Yes. *Provide country name(s) and the business's TIN(s) below. If you cannot provide a TIN, provide the appropriate No TIN Reason Code.*

Country: \_\_\_\_\_ TIN: \_\_\_\_\_ or No TIN Reason Code\*: \_\_\_\_\_

Country: \_\_\_\_\_ TIN: \_\_\_\_\_ or No TIN Reason Code\*: \_\_\_\_\_

Country: \_\_\_\_\_ TIN: \_\_\_\_\_ or No TIN Reason Code\*: \_\_\_\_\_

Code	No TIN Reason
<b>A</b>	I have applied or will apply for a TIN, but have not yet received it. I will provide it when I receive it.
<b>B</b>	The country of tax jurisdiction does not issue TINs

**If none of the "No TIN Reason Codes" apply, please provide explanation:**

\_\_\_\_\_

\_\_\_\_\_

**D. Certification and Undertaking**

- I hereby certify that the information provided on this form is correct and complete;
- I authorize Scotiabank to provide, directly or indirectly, to any relevant tax authorities or any party authorized to audit or conduct a similar review of Scotiabank for tax purposes, the information contained in this form and/or a copy of this form and to disclose to such tax authorities or such party any additional information that Scotiabank may have in its possession that is relevant to my qualification claimed on the basis of this certification;
- I acknowledge that information contained in this form and information regarding my Scotiabank accounts (including information on account balances and payments received) may be reported to the local tax authorities, and that those tax authorities may provide the information to any additional country I have listed above as being a country in which I am (or another party to the account is) a resident for tax purposes; and
- I undertake to advise Scotiabank immediately of any change in circumstances that causes the information contained herein to become incorrect and to provide Scotiabank with an updated Tax Residency Self-Certification form within 30 days of such change in circumstances.
- I understand that it is my obligation to provide Scotiabank my TIN(s) at the time it is requested. I understand that my failure to provide my TIN(s) may result in my incurring regulatory fines, either directly or indirectly.

Signature	Print name of signatory
Date: (dd/mm/yyyy)	