



KNOW YOUR CUSTOMER SUPPLEMENTAL FORM

RE THE TAX INFORMATION EXCHANGE AGREEMENT (USA) ACT 2017 AND THE IGA BETWEEN THE USA AND T&T

1. Name of Customer:
2. Date of birth:
3. Address (local):
4. Address (U.S.):
5. Are you a US PERSON/ENTITY?(see Note 1 on page 2): Yes No
6. If yes to 5, please provide US TIN (i.e. US Federal Taxpayer Identification Number):
7. If yes to 5, please provide US Social Security Number (if you don't have a US TIN):
8. If yes to 5, kindly indicate your FINANCIAL ACCOUNTS (see note 2 on page 2) with this institution in Table A, provided on page 3

Declaration:

In accordance with the Intergovernmental Agreement entered into between the Governments of Trinidad and Tobago and the United States of America and the Tax Information Exchange Agreements (USA) Act passed on March 20th 2017, the Customer acknowledges that British American Insurance Company (Trinidad) Limited is obligated to disclose to the Board of Inland Revenue (hereinafter 'the competent authority') the information contained in this form including sensitive personal information and information on any accounts held by the customer (if the Customer is a US person) with British American Insurance Company (Trinidad) Limited, and the customer declares that the information contained in his form is true and correct.

Should you fail to comply by completing this form, this will be reported to the competent authority and recalcitrant persons may be subject to a withholding penalty.

In the course of my/our contractual relationship with British American Insurance Company (Trinidad) Limited (The Company), I/we will inform The Company immediately of any changes relating to my/our U.S. status, as certified herein. If I/we should become a U.S. person/entity under the tax laws of the United States, I/we will inform The Company of all relevant changes in this regard, (e.g. change of address, etc.).

I/we acknowledge that U.S. related assets, if any, held by the company or any entity or relationship in any account for or on my/our behalf, as well as the income on these accounts, may become subject to tax or other duties in the United States. I/we confirm all taxes, duties and other financial obligations relating to the account will be met. I/we hereby waive my/our right to any claim against The Company for any losses and/or other costs resulting from or relating to any tax liability in the United States.

I am/we are solely responsible for providing accurate information to the Company, to certify my/our U.S. or Non-U.S. status. I/we understand that I am/we are liable under U.S. law, if inaccurate information is provided.

If the information in this form is not supported by the information held by The Company, I/we will be asked to re-submit this form.

Please note that The Company, its staff, agents or officers cannot provide any U.S. tax or other advice as to whether you are/ are not a U.S. person/entity based on the responses provided in this Declaration Form.

Please tick this box as having read and agreed to the above Terms and Conditions.

<input type="checkbox"/> Personal Customer		
Name:	Signature:	Date
<input type="checkbox"/> Business/Entity – To be signed by an authorized Signatory, Senior Officer or Director of the Entity, Partner if Partnership, Trustee if Trust, Executor/Administrator if estate		
Name:	Signature:	Date:

Company Stamp:

