

DECLARATION OF U.S. STATUS

PART 1: INDIVIDUALS ONLY	
CUSTOMER NAME:	RIM#
Are you considered a U.S. person for U.S. tax reporting purposes*? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*A U.S. person for U.S. tax reporting purposes is: <ul style="list-style-type: none"> – A US Passport holder; and/or – A U.S. resident, including a Green Card Holder; and/or – A person who meets the substantial presence test i.e. a person who spends at least 183 days in the U.S. each year. 	
If 'Yes' to this question, please provide your U.S. Tax Identification Number (TIN) i.e. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) : _____	
Instructions: <ul style="list-style-type: none"> – If 'Yes' to the above, please tick the U.S. Person Declaration box, read the Terms and Conditions and sign below – If 'No' to the above, please tick the Non-U.S. Person/Entity Declaration box, read the Terms and Conditions and sign below 	

PART 2: ENTITIES ONLY (Sole Traders, Partnerships, Company/Registered Businesses, Clubs/Societies/Associations/Non-Governmental Organizations/Non Profit Organizations/Charities/Trusts)	
CUSTOMER NAME:	RIM#
GIIN: (applicable for Financial Institutions only)	FOREIGN TAXPAYER IDENTIFICATION NUMBER: (if applicable)
1. Is the Entity incorporated under U.S. law? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide the U.S. Taxpayer Identification Number (TIN) i.e. Employer Identification Number (EIN) : _____	
2. Is the Entity a Non-U.S. Entity with substantial U.S. owners, i.e. shareholders with shareholdings of 10% or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is the Entity a Passive NFFE, i.e. a Non-Financial Foreign Entity with 50% or more of its gross income from the preceding calendar year, earned from investment-type proceeds (e.g. dividends, interest, annuities) AND with U.S. shareholders with shareholdings of 10% or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the Entity a Nonparticipating Foreign Financial Institution because the Foreign Financial Institution: 1) has not entered into a Foreign Financial Institution Agreement with the United States Internal Revenue Service ("IRS"); 2) is not considered a deemed-compliant Foreign Financial Institution as defined under the Internal Revenue Code or the Treasury Regulations; 3) is not an exempt beneficial owner as described in the Treasury Regulations. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructions: <ul style="list-style-type: none"> – If 'Yes' to question 1, please tick the U.S. Person/Entity Declaration box, read the Terms and Conditions and sign below – If 'Yes' to questions 2 and/or 3: 1. Complete the table below <ul style="list-style-type: none"> 2. Tick the U.S. Person/Entity Declaration box 3. Read the Terms and Conditions 4. Sign below – If 'No' to all questions in this section, or 'Yes' to question 4, please tick the Non-U.S. Person/Entity Declaration box, read the Terms and Conditions and sign below 	

Please provide information on the **substantial U.S. owners, i.e. shareholders with shareholdings of 10% or more**, in the table below:

Name of Shareholder with ≥10% Shareholding	Date of Birth	U.S. Tax Identification Number	Address

NON-U.S. PERSON/ENTITY DECLARATION

Under penalty of perjury, I/we hereby declare that the above-named person/entity is NOT a U.S. person/entity. I/we further certify that the income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income.

U.S. PERSON/ENTITY DECLARATION

Under penalty of perjury, I/we hereby declare that the above-named person/entity is a U.S. person/entity. I further certify that I will provide a Form W-9/ W-8BEN-E, Request for Taxpayer Identification Number and Certification with this form.

Terms and Conditions:

In the course of my/our contractual relationship with Republic Bank, I/we will inform Republic Bank immediately of any changes relating to any of the information provided in this form regarding my/our U.S. status, as certified herein. I/we will inform Republic Bank of all relevant changes in this regard within 30 days of such change, (e.g. change of address, etc.) by providing an updated form.

CONFIDENTIALITY: I/We acknowledge and understand that the Republic Bank has a duty to keep my/our information confidential unless I/we expressly authorize its disclosure or its disclosure is permitted by law. In this regard, I/We hereby authorize Republic Bank to disclose my/our information to any local or foreign authority including the IRS.

I/We acknowledge that the U.S.-related assets, if any, held by Republic Bank 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 Republic Bank for any losses and/or other costs resulting from or relating to any tax liability in the United States.

DECLARATION OF U.S. STATUS

I am/we are solely responsible for providing accurate information to Republic Bank, 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 Republic Bank, I/we will be asked to re-submit this form.

Please note that under U.S. Law, Republic Bank, 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.

Under penalty of perjury, the I/we, declare that I/we have examined the information in this form and, to the best of my/our knowledge and belief, it is true, correct and complete. Furthermore, I/we authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income for which I am/we are providing this form or any withholding agent that can disburse or make payments of the amounts for which I am/we are providing this form.

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

<input type="checkbox"/> Personal Customer		
<input type="checkbox"/> Under penalty of perjury, I certify that I am the individual that is the beneficial owner or am authorized to sign for the individual that is the beneficial owner) of all the income to which the form relates or am using this form to document myself as an individual that is an owner or account holder of a Foreign Financial Institution.		
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.		
<input type="checkbox"/> Under penalty of perjury, I certify that I have the capacity to sign for this entity.		
Name:	Signature:	Date:

Company Stamp: