



THE MAURITIUS CIVIL SERVICE MUTUAL AID ASSOCIATION LTD.

Common Reporting Standards (CRS) - Controlling Person Self-Certification Form

Please complete Parts 1– 3 in BLOCK CAPITALS

Part 1 - Identification of a Controlling Person

A. Name of Controlling Person:

Surname : _____

Title: Mr Mrs Ms Miss Other

First name : _____

Surname at Birth : _____

NID No.:

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B. Current Residence Address:

Line 1 House/Apt/Suite Name, Number, Street : _____

Line 2 Town/City Province/County/State : _____

Country : _____ Postal Code / ZIP code : _____

C. Mailing Address: (please only complete if different from the address shown in Section B above)

Line 1 House/Apt/Suite Name, Number, Street : _____

Line 2 Town/City Province/County/State : _____

Country : _____ Postal Code / ZIP code : _____

D. Date of birth :

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 DD / MM / YYYY

E. Place of birth : Town or City of Birth _____

Country of Birth : _____

F. Please enter the legal name of the relevant entity Account Holder(s) of which you are a Controlling Person

Legal name of **Entity 1**: _____

Legal name of **Entity 2**: _____

Legal name of **Entity 3**: _____

Part 2 - Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)

Please complete the following table indicating:

- (i) where the Controlling Person is tax resident;
- (ii) the Controlling Person’s TIN for each country indicated; and,
- (iii) if the Controlling Person is a tax resident in a country that is a Reportable Jurisdiction(s) then please also complete **Part 3** “Type of Controlling Person”.

(You can also find out more about whether a country is a Reportable Jurisdiction on the **OECD automatic exchange of information portal: www.oecd.org/tax/automatic-exchange**).

If the Controlling Person is tax resident in more than three countries please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason **A, B** or **C**:

- Reason A** The country where the controlling person is liable to pay tax does not issue TINs to its residents
- Reason B** The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the following table if you have selected this reason)
- Reason C** No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence do not require the TIN to be disclosed).



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	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

Part 3 - Type of Controlling Person

(Please only complete this section if you are a tax resident in one or more Reportable Jurisdictions)

SN	Please provide the Controlling Person's Status by ticking the appropriate box.	Entity 1	Entity 2	Entity 3
a	Controlling Person of a legal person – control by ownership			
b	Controlling Person of a legal person – control by other means			
c	Controlling Person of a legal person – senior managing official			
d	Controlling Person of a trust – settlor			
e	Controlling Person of a trust – trustee			
f	Controlling Person of a trust – protector			
g	Controlling Person of a trust – beneficiary			
h	Controlling Person of a trust – other			
i	Controlling Person of a legal arrangement (non-trust) – settlor-equivalent			
j	Controlling Person of a legal arrangement (non-trust) – trustee-equivalent			
k	Controlling Person of a legal arrangement (non-trust) – protector-equivalent			
l	Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent			
m	Controlling Person of a legal arrangement (non-trust) – other-equivalent			

Part 4 - Declarations and Signature

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which [I/the Controlling Person] may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the entity Account Holder to which this form relates and where I am not the Controlling Person.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within **15 days** of signing this form, notify those persons that I have provided such information to the Mauritius Civil Service Mutual Aid Association Ltd and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise the Mauritius Civil Service Mutual Aid Association Ltd within **15 days** of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Mauritius Civil Service Mutual Aid Association Ltd with a suitably updated Self-Certification Form within **30 days** of such change in circumstances.

Signature: _____ Name: _____

Date : ____/____/____

Note: *If you are not the Controlling Person please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.*

Capacity:

For more information, please read the Information Sheet on CRS which is available on the Mutual Aid website : www.mcsmutualaid.mu

OFFICE USE

The data as per the documents provided by customer are the same as information provided in this Form:

	NAME	SIGNATURE	DATE
MAKER			
CHECKER			