



## THE MAURITIUS CIVIL SERVICE MUTUAL AID ASSOCIATION LTD.

### CRS - Entity Self-Certification Form

Please complete Parts 1– 3 in BLOCK CAPITALS

#### Part 1 - Identification of Account Holder

A. **Legal Name of Entity/Branch :** \_\_\_\_\_

B. **Country of Incorporation or organization :** \_\_\_\_\_

C. **Current Residence Address**

**Line 1** House/Apt/Suite Name, Number, Street : \_\_\_\_\_

**Line 2** Town/City Province/County/State : \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code / ZIP code : \_\_\_\_\_

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

**Line 1** House/Apt/Suite Name, Number, Street: \_\_\_\_\_

**Line 2** Town/City Province/County/State: \_\_\_\_\_

Country : \_\_\_\_\_ Postal Code / ZIP code: \_\_\_\_\_

#### Part 2 - Entity Type : Please provide the Account Holder’s Status by ticking one of the following boxes.

1. a) Financial Institution – Investment Entity
- (i) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (**Note:** if ticking this box please also complete **Part 2 (2)** below)
- (ii) Other Investment Entity

- b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked **a)** or **b)** above, please provide, if held, the Account Holder’s Global Intermediary Identification Number (“GIIN”) obtained for FATCA purposes.

.      .   .

- c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

If you have ticked **c)**, please provide the name of the established securities market on which the corporation is regularly traded: \_\_\_\_\_

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in **c)** is a Related Entity of: \_\_\_\_\_

- d) Active NFE – a Government Entity or Central Bank
- e) Active NFE – an International Organisation
- f) Active NFE – other than **c)– e)** (for example a start-up NFE or a non-profit NFE)
- g) Passive NFE (**Note:** if ticking this box please also complete **Part 2(2)** below)

2. If you have ticked **1a(i)** or **1(g)** above, then please:

- a) Indicate the name of any Controlling Person(s) of the Account Holder: \_\_\_\_\_

- b) Complete “CRS Controlling Person Self-Certification Form” for each Controlling Person. \_\_\_\_\_

**Note:** If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official.



**THE MAURITIUS CIVIL SERVICE MUTUAL AID ASSOCIATION LTD.**

**Part 3 - Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)**

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country indicated.

If the Account Holder is not tax resident in any jurisdiction (e.g. because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal office is located.

If the Account Holder 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 where appropriate:

- Reason A –** The country where I am 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 below 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 entered below do not require the TIN to be disclosed)*

	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 4 - Declarations and Signature**

I acknowledge that the information contained in this form and information regarding the Account Holder 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 the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

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 Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide the Mauritius Civil Service Mutual Aid Association Ltd a suitably updated Self-Certification and Declaration within **30 days** of such change in circumstances.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Please indicate the capacity in which you are signing the form (for example ‘Authorised Officer’). 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](http://www.mcsmutualaid.mu)

**OFFICE USE**

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

	NAME	SIGNATURE	DATE
<b>MAKER</b>			
<b>CHECKER</b>			