

# Professional Trust - Additional Controlling Person Tax Residency Self-Certification Form



## 1. Controlling person

A. Full name:

B. Date of birth:

C. Current residential address:   
  
 Postcode:

D. Please confirm if you are a citizen of the United States (US):

- Yes, I am a US citizen. Under US law you are considered a US tax resident, please enter 'US' and your Social Security Number in E.1  
 No, I am not a US citizen. Please proceed to E.1.

E1. Please list all applicable country/jurisdiction(s) where you are tax resident, including New Zealand.

For each country/jurisdiction, except New Zealand, you will need to provide a taxpayer identification number (TIN) or equivalent, in the table below. If a TIN is not available for that country/jurisdiction, use the appropriate reason A, B or C.

**Reason A** The country/jurisdiction where I am tax resident does not issue a TIN to its residents

**Reason B** I have not been issued a TIN by my country/jurisdiction of tax residence (please include an explanation as to why a TIN was not issued to you in the table below (E.2) within the corresponding entry number)

**Reason C** The domestic law of the country/jurisdiction where I am tax resident does not require the collection of a TIN

Country/Jurisdiction(s) of tax residence (if more than one, please specify all)	Taxpayer identification number(s) (e.g. SSN, TFN, PAN, UTR, NINO, RRN, ITN, HKID, INN) OR Reason (A, B or C)
1	
2	
3	

E2. If you have selected Reason B above please explain why a TIN was not issued to you.

Explanation for Reason B
1
2
3

E3. If the country you are residing in according to Section C is not included as one of your country/jurisdiction(s) of tax residence in E.1 please provide an explanation:

  
  

F. I declare that all the information provided in this form, to the best of my knowledge, is correct and complete. I will advise ASB as soon as any of this information changes, including any change in the tax residency status of the controlling person identified in Section A of this page.

I acknowledge that the information contained in this form may be shared with the IRD and that the IRD may then exchange this information with tax authorities of another country/jurisdiction in which the controlling person may be tax resident.

Name (please print):

Signature:

Date:

Related entity:

Relationship to entity:

**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 attach a certificate of non-revocation of power of attorney.

Capacity:

### FOR BANK USE ONLY

Date stamp