

BORANG TUNTUTAN KEMATIAN / DEATH CLAIM FORM

Bahagian A / Part A

Arahan / Instruction

1. Borang tuntutan ini adalah diberi dengan percuma dan tiada komisen harus diberikan kepada mana-mana agen, wakil atau kakitangan MCIS Insurance Berhad dalam mengendalikan tuntutan ini
This claim form is given free of charge and no commission is payable to any agent, representative or employee of MCIS Insurance Berhad with regard to the processing of the claim
2. Penerimaan borang tuntutan ini tidak dianggap sebagaiakuan tanggungan
Acceptance of this claim form will not constitute an admission of liability

Dokumen sokongan yang diperlukan / Supporting documents required:

1. **Bukti Pertalian**
(Penamaan oleh pemegang polisi bukan beragama Islam di bawah seksyen 130 Akta Perkhidmatan Kewangan 2013 Jadual 10 akan mewujudkan suatu amanah yang berpihak kepada penama, sekiranya penama-penama tersebut adalah suami / isteri, anak atau ibubapa. Penama bagi seorang pemegang polisi yang beragama Islam perlu mengagihkan wang tersebut berdasarkan Undang-undang Islam)
Proof of Relationship
(A nomination by a non-muslim policyowner under section 130 of the Financial Service Act 2013 Schedule 10, shall create a trust in favour of the nominee(s) if they are his / her spouse, child or parent. A nominee of a Muslim policyowner upon receipt of policy money shall distribute the policy money in accordance with Islamic Law)
2. **Perjanjian Penyerahan Hak asal / Original Deed of Assignment**
(Sekiranya pihak yang menuntut adalah pemegang serah hak / If the claimant is the assignee)
3. **Bukti Kematian / Proof of Death**
 - (i) **Sijil Kematian si mati (pemegang polisi / hayat yang diinsuranskan) yang dikeluarkan oleh Pendaftaran Kelahiran dan Kematian**
Death Certificate of the deceased (the assured / life insured) issued by the Registrar of Birth and Death
 - (ii) **Permit Perkuburan (sekiranya Sijil Kematian dikeluarkan oleh pihak hospital / polis)**
Burial Permit (if Death Certificate issued by the hospital / police authorities)
4. **Bukti terhadap umur si mati (pemegang polisi / hayat yang diinsuranskan) sekiranya belum diakui**
Evidence of the deceased's (the assured / life insured) age if not admitted
 - (i) **Sijil Beranak atau Sijil Berhenti Sekolah**
Birth Certificate or School Leaving Certificate
 - (ii) **Sebarang bukti lain yang berkaitan (seperti Pasport)**
Any other authentic documentary evidence (eg. Passport)
 - (iii) **Petikan / pengesahan daripada Rekod Perkhidmatan yang disahkan oleh majikan si mati (pemegang polisi / hayat yang diinsuranskan)**
An Extract / Confirmation from Record of Service certified by the deceased's (the assured / life insured) employer.
5. **Polisi Dokumen Asal / The Original Policy Document**
6. **Laporan Polis (sekiranya punca kematian akibat kemalangan atau sekiranya perlu)**
Police Report (if claim is accidental in nature or if necessary)
7. **Laporan Bedah Siasat (sekiranya punca kematian akibat kemalangan atau sekiranya perlu)**
Post Mortem Report (if claim is accidental in nature or if necessary)
8. **Keratan akhbar (jika ada) / Newspaper cutting (if any)**
9. **Salinan Kad Pengenalan si mati (pemegang polisi / hayat yang diinsuranskan) dan pihak menuntut**
Photocopy of Identity Card of the deceased (the assured / life insured) and claimant
10. **Borang E-Bayaran / e_Payment Application Form**

1	No. Polisi / <i>Policy Number(s)</i> (i) (ii) (iii) (iv)
2	(i) Nama penuh si mati (pemegang polisi / hayat yang diinsuranskan) : <i>Name of the deceased (the assured / life insured) in full:</i> (ii) No. Kad Pengenalan (Lama) : (Baru) : <i>NRIC No. (Old):</i> <i>(New):</i>
3	Alamat terakhir si mati (pemegang polisi / hayat yang diinsuranskan) : <i>Last address of the deceased (the assured / life insured) :</i>
4	Keterangan lengkap pekerjaan / perniagaan terakhir : <i>Detail of last employment / business :</i> (i) Alamat majikan / perniagaan : <i>Address of employer / business :</i> (ii) Jenis perniagaan / pekerjaan : <i>Nature of business / employment / work:</i>
5	Sebab kematian : <i>Cause of death :</i> <input type="checkbox"/> Tandakan kotak ini jika sebab kematian tidak diketahui <i>Tick this box if cause of death is unknown</i>
6	Tarikh dan tempat kematian : <i>Date and place of death:</i>
7	Apakah pertalian anda dengan si mati (pemegang polisi / serah hak hayat yang diinsuranskan)? <i>What is your relationship with the deceased (the assured /life insured)?</i> <input type="checkbox"/> Pemegang / <i>Assignee</i> <input type="checkbox"/> Suami / isteri / <i>Spouse</i> <input type="checkbox"/> Ibubapa / <i>Parent</i> <input type="checkbox"/> Anak / <i>Child</i> <input type="checkbox"/> Pemilik sah (Polisi Pihak Ketiga) / <i>Legal owner (Third Party Policy)</i>
8	Alamat e-mel Penuntut / <i>Claimant's E-mail Address :</i>
9	(i) Adakah si mati (pemegang polisi / hayat yang diinsuranskan) berkahwin? <input type="checkbox"/> Ya / <i>Yes</i> <input type="checkbox"/> Tidak / <i>No</i> <i>Was the deceased (the assured / life insured) married?</i> (ii) Jika ya, ahli keluarga yang ditinggalkan si mati (pemegang polisi / hayat yang diinsuranskan) <i>If yes, who are the family members of the deceased (the assured/life insured)</i> <input type="checkbox"/> Suami / isteri / <i>Spouse</i> <input type="checkbox"/> Anak / <i>Child</i> <input type="checkbox"/> Ibubapa / <i>Parent</i> <input type="checkbox"/> Lain-lain (sila nyatakan) <i>Others (please specify)</i> (iii) Adakah si mati (pemegang polisi / hayat yang diinsuranskan) seorang beragama Islam pada tarikh kematian? <i>Was the deceased (the assured / life insured) a Muslim at death?</i> <input type="checkbox"/> Ya / <i>Yes</i> <input type="checkbox"/> Tidak / <i>No</i>

10 Adakah si mati (pemegang polisi / hayat yang diinsuranskan) mempunyai polisi dengan
 Tidak syarikat insurans yang lain? Jika ya, sila nyatakan: Ya Yes
No Has the deceased (the assured / life insured) any other insurance with other insurers?
 syarikat insurans yang lain? Jika ya, sila nyatakan:
 No. Polisi : Syarikat :
 Policy No. : Company :

11 Kematian kerana sakit atau kematian biasa / *Death due to illness or natural death*

(a) Pada pengetahuan anda bilakah si mati (pemegang polisi / hayat yang diinsuranskan) mula
 mengadu atau menunjukkan sebarang petanda penyakitnya yang terakhir?
*To the best of your knowledge when did the deceased (the assured / life insured) first complain or give
 indication of his / her last illness?*

(b) Bilakah si mati (pemegang polisi / hayat yang diinsuranskan) mula-mula berjumpa doktor untuk penyakit yang
 terakhir?
When did the deceased (the assured / life insured) first consult a doctor for his / her last illness?

(c) Sila berikan nama dan alamat doktor-doktor yang merawat si mati (pemegang polisi / hayat yang
 diinsuranskan) semasa sakit terakhirnya
*Please state the names and addresses of the doctors who attended to the deceased (the assured / life insured)
 during his/ her last illness*

(d) Adakah si mati (pemegang polisi / hayat yang diinsuranskan) seorang perokok? Ya Tidak
Did the deceased (the assured / life insured) smoke? Yes No

(e) Nama dan alamat kesemua doktor / hospital yang merawat si mati (pemegang polisi / hayat yang
 diinsuranskan) dalam tempoh tiga tahun sebelum kematiannya:-
*Names & addresses of all doctors / hospitals who attended the deceased (the assured / life insured) during the
 last three years prior to death:-*

Nama dan Alamat Name and Address	Tarikh dan Tempoh Rawatan Date and Duration of Treatment	Penyakit / Kecelakaan Illness / Injury

12 Kematian akibat kemalangan / *Death due to accident*

(a) Tarikh dan waktu kemalangan?
Date and time of accident?

(b) Tempat kemalangan?
Place of accident?

(c) Apakah yang dilakukan oleh si mati (pemegang polisi / hayat yang diinsuranskan) ketika kemalangan?
What was the deceased (the assured / life insured) doing at the time of accident?

(d) Terangkan secara terperinci bagaimana kemalangan berlaku?
Describe in detail how the accident happened?

(e) Adakah kemalangan dilaporkan kepada polis? Ya / Yes Tidak / No
Was the accident reported to the police?

(f) Adakah kemalangan dilaporkan di akhbar? Ya / Yes Tidak / No
Was the accident reported in the newspaper?

(g) Adakah bedah siasat dilakukan? Ya / Yes Tidak / No
Was a post mortem carried out?

Bahagian B / Part B

(Tuntutan Rawatan Hospital / Hospitalisation Claim)

13. Sekiranya si mati (pemegang polisi / hayat yang diinsuranskan) dimasukkan ke hospital sebelum beliau meninggal

If the deceased (the assured / life insured) was hospitalised prior to death

Dokumen sokongan yang diperlukan / Supporting documents required:

- i. Bil asal rawatan hospital
Original bills of hospitalisation
- i. Nota Akuan dan Kad Pesakit Luar
Discharge Note and Outpatient Card
- ii. Ringkasan Nota atau Buku Nota
Discharge Summary or Note Book

(a) Jenis penyakit / simptom :
Nature of illness / symptom :

(b) Berapa lamakah si mati (pemegang polisi / hayat yang diinsuranskan) diketahui telah menghadapi simptom tersebut sebelum pertama kali dimasukkan ke hospital?
For how long had the deceased (the assured / life insured) been having the symptom prior to first admission?

.....

.....

(c) Apakah diagnosis ketika itu?
What was the diagnosis?

Nama dan alamat doctor yang merawat si mati (pemegang polisi / hayat yang diinsuranskan) bagi penyakit / kecederaan / keadaan ini Name and address of doctors who treated the deceased (the assured / life insured) for this illness / injury / condition	Tarikh Rawatan Date of Consultation	Tarikh Kemasukan (jika ada) Date of Admission (if any)
(i)		
(ii)		
(iii)		

a. No. Pendaftaran :
Admission No :

	HH	BB	TT	pada	pg/ptg
	<i>DD</i>	<i>MM</i>	<i>YY</i>	<i>at</i>	<i>am/pm</i>

b. Pendaftaran: Tarikh / Waktu : Pendaftaran Pertama :
Admission: Date / Time : 1st Admission:

Pendaftaran Kedua :
2nd Admission :

c. Keluar : Tarikh / Waktu : Pendaftaran Pertama :
Discharge : Date / Time : 1st Admission:

Pendaftaran Kedua :
2nd Admission

d. Jenis dan tahap kecederaan yang dialami:
Nature and extent of injury :

Pengisytiharan / Declaration

Saya menjamin kebenaran ke atas keterangan-keterangan yang dikemukakan, samada ditulis oleh saya atau bagi pihak saya. Saya mengaku bahawa syarat-syarat insurans saya telah patuhi. Saya bersetuju bahawa jika ada kenyataan yang tidak benar atau salah, tekanan atau menyembunyikan dibuat oleh saya, hak saya ke atas tuntutan ini akan ditarik balik secara mutlak.

I warrant the truth of the foregoing particulars, whether written by me or on my behalf. I declare that the conditions of my insurance have been complied with. I agree that if any false or untrue statement, suppression or concealment, is made by me, my right to this claim shall be absolutely forfeited.

Kebenaran/Pemberian Hak / Authorization

Saya/Kami, yang bertandatangani di bawah, dengan ini membenarkan mana-mana organisasi, institusi atau individu yang mempunyai sebarang rekod atau pengetahuan tentang kesihatan dan latar belakang perubatan atau nasihat perubatan saya/ hayati yang diinsuranskan, dan telah atau mungkin kemudian dari ini dirujuk untuk mendedahkan segala maklumat tersebut kepada MCIS INSURANCE BERHAD atau wakilnya. Saya bersetuju membenarkan MCIS INSURANCE BERHAD atau wakilnya untuk mengguna dan mendedahkan sebarang maklumat yang dikumpul atau dipegang oleh Syarikat kepada perseorangan/sebarang organisasi yang berhubung dan berkaitan dengan Syarikat atau sebarang pihak ketiga (di dalam atau di luar Malaysia, termasuk institusi perubatan, penginsurans semula, penyelarasan tuntutan / penyiasat, peguam, persatuan industri, pengawal selia, badan-badan berkanun, pihak berkuasa kerajaan dan agensi pelaporan kredit) bagi tujuan proses tuntutan insurans. Salinan pengesahan ini adalah sah seperti yang asal.

I/WE. The undersigned(s) hereby irrevocably authorize any organization, institution, or individual that has any records or knowledge of my/our/life assured health and medical history or treatment or advise and that has been or may hereafter be consulted to disclose to MCIS Insurance Berhad or its representative such information. I/WE agree that MCIS Insurance Berhad or its representative may use and disclose any of the information collected or held by the Company to individuals/organizations related to and associated with the Company to individuals/organizations related to and associated with the Company or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters / investigators, solicitors, industry associations, regulators, statutory bodies, government authorities and credit reporting agencies) for the purpose of processing the claim.

This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our/life assured death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

Nama si mati / Deceased Name :
No. Identiti / Identity No. :
Pertalian dengan si mati / Relationship with deceased :

.....
Tandatangan Pihak Menuntut
Signature of Claimant

Nama :
Name:

No. Kad Pengenalan atau Pasport/
NRIC or Passport No:

Tarikh Lahir (DD/MM/YYYY):
Date of Birth (DD/MM/YYYY):

No. Pengenalan Cukai:
Tax Identification Number (TIN):

Alamat :
Address :

Perkerjaan :
Occupation :

No. Telefon :
Telephone No. :

Tarikh :
Date :

.....
Tandatangan Saksi
Signature of Witness

Nama:
Name :

No. Kad Pengenalan atau Pasport:
NRIC or Passport No:

Alamat :
Address :

No. Telefon :
Telephone No. :

Tarikh :
Date :

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FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) SELF-CERTIFICATION FORM FOR INDIVIDUALS (TO BE COMPLETED BY THE CLAIMANT)

Please read these instructions before completing the form.

Under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), MCIS Insurance Berhad is required to collect and report certain information to the local tax authority on the status of our customers.

Should there is a change in circumstances relating to information, such as the Individual's tax status or other mandatory field information that makes this form incorrect or incomplete, please let us know by notifying us or providing us with an updated Self- Certification Form.

As a financial institution, we are not allowed to give tax advice. Kindly consult your tax or legal adviser should you have questions on or in relation to FATCA and CRS. Where necessary, you can find summaries of defined terms in the Appendix.

Part 1 – Identification of Individual

Name:		
Date of Birth (DD/MM/YYYY):		
Country of Birth:		
Old IC No./ New IC No./ Birth Certificate No./ Passport No.		
Current Residence Address:	Mailing Address: (Complete if different to the current residence address)	
Address Line 1:	Address Line 1:	
Address Line 2:	Address Line 2:	
Address Line 3: (Postal Code/ZIP Code)	Address Line 3: (Postal Code/ZIP Code)	
Address Line 4: (Country)	Address Line 4: (Country)	
Telephone Number (with country code):	Primary:	Secondary (if any):

Part 2 – FATCA Self Certification

<u>Definitions applicable</u>			
The term U.S. person or United States person means a person described in section 7701(a)(30) of the Internal Revenue Code: The term "United States person" means— (A) a citizen or resident of the United States			
Please check "✓" Yes or No for each of the following questions:		Yes	No
1	Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you a U.S. Resident (including US Tax Resident)?	<input type="checkbox"/>	<input type="checkbox"/>
4	<p>If you have ticked "No" to all three questions above, then please tick as:</p> <p><i>Kindly take note that if you are a Non U.S. person but U.S. is your country of birth, please provide MCIS:</i></p> <p><i>i. A copy of non-U.S. passport or non-U.S. government-issued identification document; and</i></p> <p><i>ii. A copy of Certificate of Loss of Nationality of the U.S. or specify your explanation of:</i></p> <ul style="list-style-type: none"> • <i>The reason of not having such certificate despite relinquishing U.S. citizenship; or</i> • <i>The reason you did not obtain a U.S. citizenship at birth.</i> <p><i>Reason:</i></p>	<input type="checkbox"/> Non U.S. person	
	<p>If you have ticked "Yes" to any of the three questions above, please tick as:</p> <p><i>Please fill up your U.S. TIN in the table under Part 3, Section 1.</i></p>	<input type="checkbox"/> U.S. person	

Part 3 – Declaration of Tax Residency and Taxpayer Identification Number (“TIN”) or its Functional Equivalent

I am a tax resident of Malaysia **ONLY**. *

- Yes – Please proceed to Section 2.
- No – Please complete the table below in Section 1.

Note: By ticking “No” you are confirming that you are: -

- (a) A tax resident of Malaysia and another country; or
- (b) Not a tax resident of Malaysia but a tax resident of another country.

Section 1: Details of Foreign Tax Residence(s)*

Please complete the following table indicating:

- (i) The country/ jurisdiction of residence (also include the Malaysian tax residency information in case you are a tax resident of Malaysia) where the Individual is a resident for tax purposes and
- (ii) The Individual’s TIN for each country/ jurisdiction indicated. Please indicate all (not restricted to three) jurisdictions of tax residence.

For example, if the Individual is a tax resident of Malaysia, the TIN is the Income Tax Number. Refer to the OECD website for more information on tax residency and other formats of TIN:
<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>
<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

If the Individual is a tax resident in more than three countries/ jurisdictions, please use a separate sheet.

Complete the following table indication:

- (a) the jurisdiction of residence where the Individual is a resident for tax purposes (except for Brunei) and
- (b) the Individual’s TIN for each jurisdiction indicated. Indicate All jurisdictions of residence.

If a TIN is unavailable, indicate which of the following reason is applicable:

Reason A – The jurisdiction where the Individual is a resident for tax purpose does not issue TINs to its residents.

Reason B – The Individual is unable to obtain a TIN.

Reason C – TIN is not required.

(Note: Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.)

Country of Tax Residence	TIN	If no TIN available, indicate 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	

Note: If the Individual is a resident for tax purpose in more than three countries, please use separate sheet.

Section 2: Clarification of Tax Residence Information**

If the country (other than Malaysia) indicated in your address/contact number is different from the country(ies) which you have disclosed as your tax residence(s), please provide your explanation below.

I have a foreign address/contact number which differs from the country of my tax residence because:

**Please indicate N/A if the country of your address/contact number is same as the country of tax residence declared.

Declaration and Signature	
<p>I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the individual's relationship with MCIS Insurance Berhad setting out how MCIS Insurance Berhad may use and share the information supplied by me.</p> <p>I understand that the term "U.S. person" means any citizen or resident of the United States.</p> <p>I acknowledge that the information contained in this form and information regarding the Individual and any Reportable Account(s) may be provided to the tax authorities of the country/ jurisdiction in which this account(s) is/are maintained and exchanged with the tax authorities of another country/ jurisdiction or countries/ jurisdictions in which the Individual may be tax resident pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I certify that I am the Individual (or am authorized to sign for the Individual) of all the policy(s) to which this form relates.</p> <p>I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.</p> <p>I undertake to advise MCIS Insurance Berhad within 30 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 or incomplete, and to provide MCIS Insurance Berhad with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.</p>	
Signature:	_____
Name:	_____
Date (dd/mm/yyyy):	_____
Capacity:	_____ <i>(Indicate the capacity if you are not the individual identified in Part 1. If signing under a Power of Attorney, attached a certified copy of the Power of Attorney)</i>

Appendix – Summary Descriptions of Selected Defined Terms

Note: The following are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account information ("CRS"), the associated Commentary to the CRS, Malaysia-US Intergovernmental Agreement on Foreign Account Tax Compliance Act (FATCA) and other domestic guidance.

Account Holder

The term "Account Holder" means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

Change in Circumstances

As per CRS and FATCA requirements, the "Change in Circumstances" means any change in one or more of the information below:

- Change of tax residency details (to/from outside Malaysia; or one country to another)
- Change of residence or mailing address (to/from outside Malaysia; or one country to another)
- Change of contact number (to/from outside Malaysia; or one country to another)
- Application or cancellation of standing instructions to transfer funds to an account maintained outside Malaysia; or from an overseas account to another
- Change of address of the current effective power of attorney/signatory authority (to/from outside Malaysia; or one country to another)
- Change of nationality to/from U.S. (for FATCA only).

Common Reporting Standard (CRS)

CRS stands for Common Reporting Standard, which is developed by the Organisation for Economic Co-operation and Development (OECD) to obtain information from Financial Institutions and for automatic exchange of financial account information with other jurisdictions on an annual basis for tax purposes.

Foreign Account Tax Compliance Act (FATCA)

FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance provisions, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. Financial Institutions and other non-U.S. entities.

Financial Account

A "Financial Account" is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

Participating Jurisdiction (CRS)

A "Participating Jurisdiction" means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

Reportable Account

The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

Reportable Jurisdiction (CRS)

A "Reportable Jurisdiction" is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

Reportable Jurisdiction Person (CRS)

A Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction under the tax laws of such jurisdiction, or an estate of a decedent that was a resident of a Reportable Jurisdiction.

Reportable Person

A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

Resident for tax purposes

Generally, an individual will only have one jurisdiction of residence. However, an individual may be resident for tax purposes in two or more jurisdictions. The domestic laws of the various jurisdictions lay down the conditions under which an individual is to be treated as fiscally "resident". They cover various forms of attachment to a jurisdiction which, in the domestic taxation laws, form the basis of a comprehensive taxation (full liability to tax). They also cover cases where an individual is deemed, according to the taxation laws of a jurisdiction, to be resident of that jurisdiction (e.g. diplomats or other persons in government service). To solve cases of double residence, tax conventions contain special rules which give the attachment to one jurisdiction a preference over the attachment of the other jurisdiction for purposes of those conventions. Generally, an individual will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), he pays or should be paying tax therein by reason of his domicile, residence or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes.

The following examples illustrate how an individual's residence for tax purposes may be determined:

Example 1: An individual has his permanent home in Jurisdiction A and is taxed as being a resident of Jurisdiction A. He has had a stay of more than six months in Jurisdiction B and according to the legislation of the latter Jurisdiction he is, in consequence of the length of the stay, taxed as being a resident of that Jurisdiction. Thus, he is resident of both Jurisdictions.

Example 2: Same facts as Example 1, except that the individual only had a stay of eight weeks in Jurisdiction B and according to the legislation of that Jurisdiction he is not, by reason of the length of the stay, taxed as being a resident of Jurisdiction B. Thus, he is only resident of Jurisdiction A.

For additional information on tax residence, please talk to your tax adviser or refer to the OECD Automatic Exchange Portal at this link:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

TIN (including Functional Equivalent)

The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at this link:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

U.S. Person (FATCA)

A "U.S. Person" means a U.S. citizen or resident individual, a partnership or corporation organized in the U.S. or under the laws of the U.S. or any State thereof, a trust if (i) a court within the U.S. would have authority under applicable law to render orders or judgements concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. Persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the U.S.

