

**FOREIGN ACCOUNT TAX COMPLIANCE ACT
FATCA QUESTIONNAIRE (INDIVIDUAL)**



The Foreign Account Tax Compliance Act (FATCA) is a US provision that requires all Foreign Financial Institutions to provide the Internal Revenue Service (IRS) with information on certain US persons invested in accounts outside of the US and for certain non US entities to provide information about US owners. In light of this, kindly indicate which, if any of the following apply to you. Provide details where necessary.

MLCL FFLC Other: _____ Policy/ Account No: _____ Date: _____

CLIENT INFORMATION	
Client Name:	
Client number:	Date of Birth (Individuals):
Identification number or Company Registration number:	

If you have provided a positive response to any of the questions below, you may be contacted by a representative from The Maritime Financial Group to confirm details and or provide proof of statements. Consent is hereby given to The Maritime Financial Group to disclose the information provided herein to other members of The Maritime Financial Group and/or to regulatory/law enforcement authorities and/or any competent tax authority.

I will notify The Maritime Financial Group of any alterations to the information provided below within 30 days of becoming aware.

SECTION A- THIS SECTION IS TO BE COMPLETED BY INDIVIDUALS:

Please indicate whether the following are applicable to you:			
(a) Are you a US citizen or are a lawful permanent resident of the US (green card holder)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, state green card number			
(b) Were you born in the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, state where			
(c) Do you have a US residence address or US mailing address?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, state address.....			
(d) Do you have a US telephone number?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, state number.....			
(e) Do you have standing instructions to transfer funds to an account maintained in the US?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, state institution.....			
(f) Do you have a US "In care of" or "hold mail" address that is your sole address?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, state address.....			
(g) Do you have a power of attorney or signature authority granted to a person with a US address?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, state details.....			

Client Signature and Date

Witness Signature and Date

SECTION B- THIS SECTION IS TO BE COMPLETED BY CORPORATE CLIENTS:

Please indicate whether the following are applicable to you are:			
(a) A partnership, corporation, estate or trust, incorporated or created under U.S. law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(b) A non-U.S. incorporated entity having a shareholding of 10% or more held by a US person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Name of person completing this form	
Position of person completing this form	
Signature of person completing this form	
Date and stamp	