



**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)
DUE DILIGENCE FORM (INDIVIDUAL)**

TO BE ACCOMPLISHED BY MAXBANK ASSOCIATE

<input type="checkbox"/> New <input type="checkbox"/> Updating	Branch / Unit	Date (mm-dd-yyyy)	CIF Number
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FOR INDIVIDUAL CLIENT

✓ Client's Name (Last, First, Middle)

✓ Foreign Address, If applicable (House Number, Street, Apartment No., City, State, Country)

COVERED US PERSONS

✓ Please check Yes or No for each of the following questions:

1. Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a Green Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you stayed in the US for at least 183 days for the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have US address (residence, correspondence or PO Box) or a US phone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have instructions to transfer funds to US accounts or directions regularly received from a US address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is your address on file "in care of" or "hold mail" or a US PO Box?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have a power of attorney or a signatory granted to persons with US address	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your total monthly expected volume (deposit/ withdrawals) exceed US\$50,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

By signing below, I certify that all information provided herein are true, accurate and complete, and I agree to inform the Bank of any changes relating to said information. I expressly agree, consent and authorize the Bank and/or its agents, to process, obtain, collect, organize, store, update, modify, use, access, share, report and/or disclose, whether manually or via electronic channels, without need of prior notice to me, any and all information relating to my Account(s) in order to comply with the (a) United States Foreign Account Tax Compliance Act (FATCA) as the same may be amended from time to time, (b) such other rules and regulations issued in connection with FATCA, and/or (c) such other rules and regulations issued by the Bureau of Internal Revenue (BIR) and other governmental or regulatory agencies of the Republic of the Philippines. I further acknowledge that the Bank shall process, report and/or disclose information on the Account(s) on the basis of this Certification. I likewise agree to hold the Bank, its directors, officers, employees, representatives free and harmless from any liability, actions, suits, costs and expenses arising from or in connection with the Bank's compliance with FATCA regulations and/or as a result of disclosures made to the US IRS and/or the BIR.

✓ _____
Signature of Client over Printed Name

Signature Verified by: _____

Date : _____

FATCA ACCOUNT OPENING CHECKLIST (INDIVIDUAL)

US INDICIA STATUS	REQUIRED DOCUMENTS	SUBMITTED		DATE	REMARKS
		YES	NO		
US citizenship or lawful permanent resident/ Green Card holder / partnership	<ul style="list-style-type: none"> W-9 Form 				
US Birthplace	<ul style="list-style-type: none"> W-9 or W-8BEN Form 				
	<ul style="list-style-type: none"> Non-US Passport or similar documentation establishing foreign citizenship 				
	<ul style="list-style-type: none"> Written explanation regarding US citizenship 				
US address (residence, correspondence, or PO Box) or US phone number	<ul style="list-style-type: none"> W-9 or W-8BEN 				
	<ul style="list-style-type: none"> Non- US passport or similar documentation establishing foreign citizenship 				
Instructions to transfer funds to US accounts or directions regularly received from a US address	<ul style="list-style-type: none"> W-9 or W-8BEN Form 				
	<ul style="list-style-type: none"> Documentary evidence establishing non-US status 				
Address on file is "in care of" or "hold mail" or US PO Box	<ul style="list-style-type: none"> W-9 or W-8BEN Form 				
	<ul style="list-style-type: none"> Documentary evidence establishing non-US status 				
Power of Attorney or signatory granted to person with US address	<ul style="list-style-type: none"> W-9 or W-8BEN Form 				
	<ul style="list-style-type: none"> Documentary evidence establishing non-US status 				

ACTIONS TAKEN

PRINTED NAME	SIGNATURE	DATE	ACTION	REMARKS
			Interviews	
			Verifies	
			Approves	

SECTION B

Bank's assessment of customer(s) FATCA classification: U.S. Non-U.S. Recalcitrant

DECLARATION and ACKNOWLEDGEMENT

I declare that the required account opening checks have been performed for the customer(s) listed above; and that the information provided is true, correct and updated.

Maxbank Branch / Unit Personnel		Maxbank Branch Unit Head	
Name and Signature	Date	Name and Signature	Date