

CRS (Jurisdiction(s) of Residence for Tax Purposes) Self-Certification [For Individual]

According to the "Act on Special Provisions of the Income Tax Act, Corporation Tax Act and Local Tax Act Incidental to Enforcement of Tax Treaties," financial institutions are obliged to confirm customers' jurisdictions of residence for tax purposes and tax identification numbers. We sincerely ask for your understanding and cooperation. In accordance with our bank's "Privacy Policy Regarding Protection of Customer Personal Information", we implement strict controls on information entrusted from customers. A person other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account for purposes of the Common Reporting Standard, and such other person is treated as holding the account who shall submit this certification.

Please fill in and check (✓) the appropriate box(es)

A. Certification Type Select and check one box	<input type="checkbox"/> 1. New	<input type="checkbox"/> 2. Optional	<input type="checkbox"/> 3. New&Optional	<input type="checkbox"/> 4. Update
B. Name				
C - 1. Address				
C - 2. Country	<input type="checkbox"/> Japan <input type="checkbox"/> Other ()			
D. Date of Birth (YYYY/MM/DD)		/		/

Please fill in only when submitting an "2.Optional", "3. New & Optional" or "4. Update"	E. Account Number (Right-aligned)								
Please fill in only when submitting an "4. Update"	F. All of Tax Residences on last submitted certification								

G. Jurisdiction(s) of residence for tax purposes and TIN for each residence Please fill in all applicable countries and TIN(s). Please check (✓) all applicable <input type="checkbox"/> boxes ※Check "United States" if you are U.S. citizen or have a Green Card.	G - 1. Jurisdiction of residence	G - 2. Taxpayer Identification Number (TIN) (If unable to provide TIN, please specify the reason)
	<input type="checkbox"/> Japan	Not necessary
	<input type="checkbox"/> United States	□□□□ - □□□□ - □□□□ ※Please also submit Mizuho substitution form W-9
	<input type="checkbox"/> ()	() <input type="checkbox"/> Not provided
	<input type="checkbox"/> ()	() <input type="checkbox"/> Not provided

Please fill in if - Country name in C-2. differs from jurisdiction of residence in G-1., or - you have no jurisdiction of residence in G-1.	H. Specify reason jurisdiction by jurisdiction if it differs from the address shown in C-2. Specify reason for no jurisdiction of residence.	<input type="checkbox"/> U.S. citizen/Green Card
		<input type="checkbox"/> Other ()

Please fill in if one or more countries other than Japan are filled in G-1. ※Fill in based on your documentary evidence.	I - 1. Name ※ If you entered field B in English, you may leave this column blank.	(In BLOCK-BODY English)
	I - 2. Address ※ If you entered field C in English, you may leave this column blank.	(In BLOCK-BODY English)

J. Other referential information	
---	--

I acknowledge that all information shown on this form is correct.
Furthermore, in case of any change affecting the information shown on this form, I agree to resubmit the form within 3 months.

Date 20 / / **Sign Here** _____

CRS (Jurisdiction(s) of Residence for Tax Purposes) Self-Certification [For Individual]

Example for Individual

Please fill in and check (✓) the appropriate box(es)

A. Certification Type Select and check one box	<input type="checkbox"/> 1. New	<input checked="" type="checkbox"/> 2. Optional	<input type="checkbox"/> 3. New&Optional	<input type="checkbox"/> 4. Update
B. Name	Jane Smith			
C – 1. Address	123 ABK Street, London UK			
C – 2. Country	<input type="checkbox"/> Japan	<input checked="" type="checkbox"/> Other (UK)	
D. Date of Birth (YYYY/MM/DD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please fill in only when submitting an "2.Optional", "3. New & Optional" or "4. Update"	E. Account Number (Right-aligned)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	F. All of Tax Residences on last submitted certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Jurisdiction(s) of residence for tax purposes and TIN for each residence Please fill in all applicable countries and TIN(s). Please check (✓) all applicable <input type="checkbox"/> boxes ※Check "United States" if you are U.S. citizen or have a Green Card.	G – 1. Jurisdiction of residence	G – 2. Taxpayer Identification Number (TIN) (If unable to provide TIN, please specify the reason)
	<input type="checkbox"/> Japan	Not necessary
	<input type="checkbox"/> United States	[] [] - [] [] - [] [] [] ※Please also submit Mizuho substitution form W-9
	<input checked="" type="checkbox"/> (United Kingdom)	(AB123456C) <input type="checkbox"/> Not provided
	<input type="checkbox"/> ()	() <input type="checkbox"/> Not provided

Please fill in if -Country name in C-2. differs from jurisdiction of residence in G-1., or -you have no jurisdiction of residence in G-1.	H. Specify reason jurisdiction by jurisdiction if it differs from the address shown in C-2. Specify reason for no jurisdiction of residence.	<input type="checkbox"/> U.S. citizen/Green Card
		<input type="checkbox"/> Other ()

Please fill in if one or more contries other than Japan are filled in G-1. ※Fill in based on your documentary evidence.	I – 1. Name ※ If you entered field B in English, you may leave this column blank.	(In BLOCK-BODY English)
	I – 2. Address ※ If you entered field C in English, you may leave this column blank.	(In BLOCK-BODY English)

J. Other referential information	
---	--

I acknowledge that all information shown on this form is correct.
Furthermore, in case of any change affecting the information shown on this form, I agree to resubmit the form within 3 months.

Date (YYYY/MM/DD) 2 0 / /

Sign Here *Jane Smith*