

**COMMON REPORTING STANDARD (CRS) – Individual
Residency Declaration Form**
For Bank Use Only

CIF No.:	<input type="text"/>
A/C No.:	<input type="text"/>

Important Information

- Banks are required to determine the jurisdiction/ country where you are a “Tax Resident”, under Common Reporting Standard (CRS)
- If you are a Tax Resident in any other country/jurisdiction where your account is held, we are required to provide this information to Maldives Maldives Inland Revenue Authority (MIRA) along with information relating to your accounts. This information will be shared with different countries/jurisdiction tax authorities.
- Completion of this Form will ensure that the Bank holds up to date information about customer’s tax residency status.
- You are required to inform the Bank any changes in your residency status, immediately and provide an updated CRS Residency Declaration Form along with documentation proof.

Personal Information

 Title: Mr. Ms. Mrs. Dr. Other, please specify:

 Full Name:
(as in ID card / PP for foreigners)

 ID Card/ Passport No.:
(Passport No. for foreigners only)
CRS Residency Details

Resident of Maldives means:

- “Resident” means: in the case of an individual, any person (i) whose permanent place of living is in the Maldives; or (ii) who is present in the Maldives or intends to be present in the Maldives for an aggregate of 183 (One Hundred and Eighty Three) days or more in any 12 (Twelve) month period commencing or ending during a tax year; or (iii) who is an employee or official of the Government of the Maldives and is posted overseas during a tax year;
- For any company, that is incorporated in Maldives or has its head office in Maldives or the control and management of which is in Maldives.
- For any partnership, that is formed in Maldives or its control and management of which is in Maldives.
- For any trust, that is formed or settled in Maldives or a heritage trust of a deceased person who was a resident of Maldives or a trust that was operated in Maldives at point in time during a tax year.

Country or Jurisdiction of Tax Residence	Taxpayer Identification Number (TIN)	If TIN is not available enter the reason1 A, B, C	If B is chosen, reason for being unable to obtain TIN

Note:

If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the above table if you have selected this reason)

Reason C - No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Terms & Conditions

I/we hereby agree

Accuracy of Information:

- I/We confirm that all information provided in this form is true, complete, and accurate to the best of my/our knowledge. I/We acknowledge that Development Bank of Maldives shall not be responsible for any loss arising from any incorrect, incomplete, or misleading information provided by me/us.

Change in Tax Residency:

- I/We undertake to promptly notify Development Bank of Maldives of any change in my/our tax residency status. I/We acknowledge that failure to do so may result in the Bank applying tax withholding in accordance with the Income Tax Act or any applicable replacement or supplementary legislation.

Indemnity in Case of Non-Disclosure:

- Where the Maldives Inland Revenue Authority (MIRA) determines that Development Bank of Maldives failed to withhold tax due to my/our failure to notify the Bank and/or MIRA of a change in tax residency, I/We agree to indemnify the Bank, within fifteen (15) days of written demand, for all amounts paid by the Bank in respect of such withholding tax, together with any related costs, expenses, and legal fees, whether or not such tax was correctly or lawfully imposed. Any assessment, audit report, or written demand issued by MIRA and communicated by the Bank shall constitute conclusive evidence of such liability. I/We authorize the Bank to debit or set off such amounts from any of my/our accounts held with Development Bank of Maldives.

Use and Disclosure of Information:

- I/We acknowledge that the information provided is subject to the terms and conditions governing the account holder's relationship with Development Bank of Maldives, including provisions relating to the use, processing, and disclosure of information.

Regulatory Reporting and Information Exchange:

- I/We acknowledge that the information contained in this form, including details relating to the account holder, controlling persons, and any reportable accounts, may be disclosed to the tax authorities of the country or jurisdiction in which the account is maintained and exchanged with foreign tax authorities in accordance with applicable intergovernmental agreements for the exchange of financial account information.

Authority and Capacity:

- I/We confirm that I am/we are the account holder(s), controlling person(s), or duly authorized signatory(ies) in respect of all accounts to which this form relates.

Customer Relationship and Statutory Processing:

- I/We acknowledge that Development Bank of Maldives may use the information provided for customer relationship management purposes and, where required, may process such information to comply with its legal and regulatory obligations.

Limitation of Liability and Indemnity:

- I/We agree that Development Bank of Maldives and its affiliates shall not be liable for any loss or liability arising directly or indirectly from the Bank's relationship with me/us, including any failure by me/us or any third party to provide information or documentation requested by the Bank, or any error, omission, or inaccuracy in the information or documents provided. I/We agree to indemnify and hold harmless Development Bank of Maldives and its affiliates against any such liability.

Signature

Date:

For Bank Use Only

Forms and supporting documents	Staff ID	Signature	Date
Received by			
Checked by			
Authorized by			