

FATCA Form – Individual/ Joint/Sole Proprietor Account



The Foreign Account Tax Compliance Act (FATCA) was enacted into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, the Central Bank of UAE is required to request certain taxpayer information from certain persons who maintain an account/Borrowing relationship(s) with aafaq Islamic Finance (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfil the requirements under U.S. federal tax law and will not be used for any other purpose.

SECTION A

Instructions for Section A:

1. This section must be completed by any individual who wish to take a finance with aafaq.
2. Please complete this form separately for each Co-borrower / applicant.

A. Name of Customer (IN BLOCK LETTERS): _____ اسم العميل / مقدم الطلب

B. Country of tax residence : USA (أمريكا) Other (اخرى) _____ الدول التي تستوجب ضرائب على الإقامة:

C. Place of Birth: City (المدينة) _____ State (الولاية) _____ Country (البلد) _____ مكان الميلاد:

Please tick 'V' to appropriate check box

Documentation Required

1. Are you a US Citizen? هل انت مواطن أمريكي؟	<input type="checkbox"/> Yes (نعم) <input type="checkbox"/> No (لا)	If yes, please provide Form W-9.
2. Are you a US Resident? هل تقم في أمريكا؟	<input type="checkbox"/> Yes (نعم) <input type="checkbox"/> No (لا)	
3. Do you hold a US Permanent Resident Card (Green Card)? هل تحمل جنسية أمريكية او اقامة دائمة (البطاقة الخضراء) ؟	<input type="checkbox"/> Yes (نعم) <input type="checkbox"/> No (لا)	
4. Were you born in USA? هل ولدت في أمريكا؟	<input type="checkbox"/> Yes (نعم) <input type="checkbox"/> No (لا)	If yes, • Please provide Form W-9, or • In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address? هل لديك تفويض /توكيل او سلطة او صاحب علاقة لديه حساب في أمريكا؟	<input type="checkbox"/> Yes (نعم) <input type="checkbox"/> No (لا)	If yes, • Please provide Form W-9, or • In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
7. Do you have US residence/ mailing/ Sole care of address? هل لديك عنوان او بريد في أمريكا؟	<input type="checkbox"/> Yes (نعم) <input type="checkbox"/> No (لا)	If yes, • Please provide Form W-9, or • In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.
8. Do you have US telephone number? هل لديك رقم هاتف في أمريكا؟	<input type="checkbox"/> Yes (نعم) <input type="checkbox"/> No (لا)	

SECTION B

Instructions for Section B:

This section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I _____ declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that I am not a US Person and will provide Form W-8BEN within 30 calendar days if required by IRS through aafaq Islamic Finance (the "Company"). I undertake to notify the Company within 30 calendar days if this certification becomes incorrect.

Declaration:

- I hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, I hereby give my / our consent to aafaq Islamic Finance, to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.
- Where required by domestic or overseas regulators or tax authorities, I give my / our consent and agree that aafaq Islamic Finance may withhold from my finance / borrowing or request for such amounts as may be required according to applicable laws, regulations and directives.
- I undertake to notify the Company within 30 calendar days if there is a change in any information which I have provided to the aafaq.
- I will indemnify and hold harmless from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by the aafaq in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities

Customer's Signature: _____ Dated: _____

التاريخ:

توقيع العميل:

US Taxpayer Identification Number-TIN (in case of US Person): _____ الولايات المتحدة رقم تعريف دافع الضرائب والقصد (في حالة شخص)