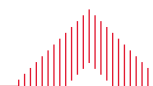


Foreign Account Tax Compliance Act (FATCA) Declaration Form - Individuals



Name of the Individual (as per the Passport)			
Country of Residence		Country of Birth	
Permanent Residence Address		Country of Residence for Tax Purposes	
Mailing Address (if different from above)		P.O. Box	

KEY INSTRUCTIONS:

- In case answer to any of the questions below is "Yes", and the client is a U.S. citizen or other U.S. person, including a resident alien individual, then W-9 form needs to be submitted (The W-9 form is available for download on the GFH website)
- In case answer to any of the questions below is "Yes", but the client is neither a U.S. citizen nor other U.S. person, including a resident alien individual, then W-8BEN form needs to be submitted (The W-8BEN form is available for download on the GFH website)

Please respond to the following questions:

a	Are you a U.S. Citizen?	Yes	No	f	Have you granted a Power of Attorney to a person who has U.S address	Yes	No
b	Are you a U.S. Resident?	Yes	No	g	Have you granted authorized signatory authority to a person who has U.S. address	Yes	No
c	Are you holding a U.S. Permanent Resident Card (Green Card)?	Yes	No	h	Have you set up payment standing instructions to transfer funds to an account maintained in the U.S	Yes	No
d	Are you holding a US Telephone number under your name	Yes	No	i	Do you have a U.S mailing address (including a US PO Box)	Yes	No
e	Is your country of Birth U.S.?	Yes	No				

If you have answered "YES" to any of the above questions, please provide the following additional information (if applicable)	
U.S. Taxpayer identification number (SSN or ITIN)	

By signing the below, the Client confirms and agrees that (notwithstanding any other provision in the Terms and Conditions):

Terms and Conditions

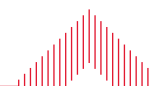
- The Client will provide such additional information or documents that GFH reasonably requires from the Client in order to comply with applicable laws and regulation and the Client hereby consents to the use of such information and documentation for the purpose of GFH complying with its obligations;
- The Client permits disclosure of such information to the tax authorities referred to above and to the tax authority's agents or sub-contractors engaged for the purpose of centralizing the processing of Client information in another country;
- If the Client does not provide GFH with information or documents it needs, GFH may withhold a proportion of the available balance, including profit or interest, payable to the Client as required by any tax authority, close the Client's account and/or terminate the facilities of the Client or transfer the account and/or banking facilities to an affiliate of GFH;



GFH Financial Group B.S.C.,
Bahrain Financial Harbour, P.O. Box 10006, Manama, Kingdom of Bahrain
(T) +973 17538538, (F) +973 17540006



Foreign Account Tax Compliance Act (FATCA) Declaration Form - Individuals



4. If the Client asks GFH to make a payment to an account based at a financial institution which does not participate or comply with the relevant tax legislation, GFH may be required, and the Client authorizes GFH, to withhold certain amounts from the payment and GFH will inform the Client if this is the case;
5. GFH may transfer the Client's data to another country or countries for processing by and on behalf of GFH and use agents and sub-contractors to process the Client's data to comply with GFH's regulatory obligations;
6. GFH will not be liable to the Client for any loss the Client may suffer as a result of complying with legislation or agreements with tax authorities in accordance with this provision unless that loss is caused by GFH's gross negligence, willful default or fraud as may be finally judicially determined;
7. The Client will indemnify GFH, its affiliates, agents and sub-contractors and each of their respective employees and officers against any and all loss or damages incurred as a result of the Client's breach or non-compliance with these Terms and Conditions or any misrepresentation by the Client of information provided to GFH; and
8. The Client's consent on the above mentioned arrangements will override any contradictory terms or consent provided by the Client under any other agreement with GFH, whether before or after the date of signing these Terms and Conditions, notwithstanding any clause governing the variation of an earlier agreement with GFH.

Undertaking

1. I/We acknowledge and declare under the penalties of perjury that the information provided on Section A is correct and true and complete to the best of my/our knowledge and belief.
2. I/We agree to provide under the penalties of perjury supporting evidence and provide updates within 30 days in case any of the aforementioned information changes. In case GFH has any reason to believe that the disclosed information is incorrect, it reserves the right to take suitable action against me/us.
3. I/We agree to release GFH from any liability in respect of any false or misleading information regarding my/our "U.S. Person" / "Specified U.S. Person" status for U.S. federal income tax purposes, and that such false or misleading information may be treated by GFH as a breach of the Subscription Agreement, which may lead to the termination of the entire account relationship.
4. I/We agree to provide GFH the required information/documentation to enable the identification/verification of my/our US Person Tax Status.
5. I/We understand that failure to provide such information/documentation to GFH within 90 days from the date of requesting the information/documentation shall lead to the classification of my/our account as a "Recalcitrant Account" or "Non-Participating Foreign Financial Institution Reportable Account" within GFH's records, in which GFH would be required to report on my/our account to the relevant Regulatory Authority.

Client Name: _____

Signature: _____

Date: _____

Joint A/c Holder Name: _____
(if applicable)

Signature: _____

Date: _____

For Internal use only

Client data updated on the system	Client classified as U.S. Person		If a new CIF has been created (please specify the No below)
	Yes	No	
RM Name	Signature		Date
Reviewed by (Name)	Signature		Date



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