



Inter-Governmental Agreement Declaration to confirm the status of the funds you hold on behalf of your clients Under FATCA

Client Entity Name

Customer Number

Client Entity Business
Address

Your Permanent Residence Address is the address of where you are treated as resident for tax purposes, or, if not applicable, the address of your principal office

Mailing Address, if
different from the
above address

I confirm that my/our account

Please insert the name of the account

is established in connection with:

- A) a court order, judgment or other legal matter on which the non-Financial Intermediary is acting on behalf of their underlying client;
or
- B) a sale, exchange, or lease of real or personal property, where it also meets the following conditions:
1. The account holds only the monies appropriate to secure an obligation of one of the parties directly related to the transaction, or a similar payment, or with a financial asset that is deposited in the account in connection with the transaction.
 2. The account is established and used solely to secure the obligation of the parties to the transaction.
 3. The assets of the account, including the income earned thereon, will be paid or otherwise distributed for the benefit of the parties when the transaction is completed.
 4. The account is not a margin or similar account established in connection with a sale or exchange of a financial asset; and
 5. The account is not associated with a credit card account.
- C) An obligation of a Financial Institution (as that term is defined under [local FATCA legislation/local IGA]) servicing a loan secured by real property to set aside a portion of a payment solely to facilitate the payment of taxes or insurance related to the real property at a later time, or
- D) An obligation of a Financial Institution (as that term is defined under [local FATCA legislation/local IGA]) solely to facilitate the payment of taxes at a later time and will continue to be used for such purposes. If the use of the account changes, we will inform you within 30 days.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete

Signature	<input type="text"/>
Full Name	<input type="text"/>
Official Position	<input type="text"/>
Date	<input type="text" value="DD MM YYYY"/>

Please ensure this declaration is signed by an authorised official, as named in the signature mandate.

This form is issued by:

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