

## Simplified CRS Self-certification Form for Individuals

**Customer Full Name:** \_\_\_\_\_

**Customer Passport ID:** \_\_\_\_\_

**Instruction:** Answer yes or no, as applicable, to the following two questions about your tax residence by placing an “X” in the appropriate space. If you are uncertain about whether you are a tax resident of a particular country, please consult your tax advisor or visit the OECD AEOI portal for country-by-country information on tax residence at [www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/](http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/).

\*1. Are you a resident for income tax purposes in Russia?    \_\_\_Yes    \_\_\_No

\*2. If you answered “yes” to question 1, is the above named country the only country in which you are a resident for income tax purposes?    \_\_\_Yes    \_\_\_No

**If you answer “no” to either question above, you are not required to sign or affirm this Notice and Declaration, but must instead completed a stand-alone CRS Self-certification Form for Individuals.**

### CRS Notice and Declaration

1. I declare that to the best of my knowledge and belief, all of the information and statements marked with an asterisk (\*) on this form and the following information on the account opening document [name, current residence address, date of birth, place of birth] are correct and complete.
2. If you are not the account holder but are signing this form on behalf of the account holder, you declare that you are authorized to provide the information and statements shown and to sign this form on behalf of the account holder.
3. You are hereby notified that if there is a change in circumstances that affects the accuracy or completeness of the information or statements respecting tax residency provided on this form, you are obligated to inform AO RenCap Bank of the change in circumstances within 30 days of its occurrence and to provide a suitably updated CRS self-certification.

**\*Signature:** \_\_\_\_\_

**\*Print Name:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**Note:** If you are not the Account Holder but are signing this form on behalf of the Account Holder, please indicate the capacity in which you are signing the form (e.g., power of attorney, executor or administrator, guardian) and provide any required documentation of your authority.

**Capacity** (\*If applicable): \_\_\_\_\_