



TAX INFORMATION FORM - INDIVIDUAL

Branch : |_|_|_|_|..... Date : |_|_|-|_|_|-|_|_|_|_|
 Customer Number : |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| (for Bank use)
 Customer Name :

Country of Origin as shown on ID Card :
 Country of Birth :

Please tick [v] the box opposite the following statements as appropriate.

The Customer has tax obligations to a country/ is a citizen of a country/holds citizenship of a country other than the Republic of Indonesia. Yes No

If the Customer selects 'Yes' for statement above, the Customer must write the **Taxpayer Identification Number (TIN)/any equivalent Tax ID** and the **Customer's Country of Tax Residency**.

No	TIN/Equivalent Tax ID/Other Information	Country of Tax Residency

If any one of the **Countries of Tax Residency** above is the United States of America, the Customer must provide the TIN/SSN and fill out **Form W-9 (Request for Taxpayer Identification Number and Certification)**.

CUSTOMER'S STATEMENT

The Customer hereby confirms and states that:

1. All the data or information provided in this form is correct, accurate, and complete and that PT Bank Central Asia Tbk (BCA) did not give any advice or consultation by any means whatsoever to the Customer in relation to the data or information provided in this form.
2. For the exchange of tax information between countries under international taxation agreements, the Customer hereby authorizes BCA to provide the Customer's data, including information on the Customer's account(s) and financial data to any tax authorities and/or any other competent authorities in compliance with the prevailing laws and regulations.
3. If there is a change in the data or information provided by the Customer to BCA, the Customer shall notify BCA of such change within a period of no later than 30 (thirty) calendar days of the occurrence of the change or within any other period as may be notified by BCA to the Customer in any form and by any means.
4. The Customer is fully liable for the truth, accuracy, and completeness of the data or information provided by the Customer to BCA and the Customer hereby indemnifies BCA against any and all claims, proceedings, and/or any other legal actions that may arise therefrom as well as from the completion of this form.
5. The Customer agrees that BCA may terminate its relationship with the Customer if it is later found that the Customer has provided BCA with false, inaccurate, or incomplete data or information or that the Customer has failed to notify BCA of the change in the Customer's data or information within the prescribed period.

FOR BANK USE			
Processed by	Remarks		
		Yes	No
	The Customer is subject to FATCA (Form W-9 is attached)	<input type="checkbox"/>	<input type="checkbox"/>
	The Customer is subject to CRS	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Name of BCA Officer)</i>			

.....,

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(Name of the Customer)