

# HODL

*Hodl Algorithmic Fund Limited*

# Individual Tax Residency Self-Certification form

Category	Very good (%)	Good (%)	Fair (%)	Poor (%)
1	10	20	30	40
2	15	25	35	25
3	20	30	40	10
4	25	35	45	5
5	30	40	50	5
6	35	45	55	5
7	40	50	60	5
8	45	55	65	5
9	50	60	70	5
10	55	65	75	5
11	60	70	80	5
12	65	75	85	5
13	70	80	90	5
14	75	85	95	5
15	80	90	100	5
16	85	95	100	5
17	90	100	100	5
18	95	100	100	5
19	100	100	100	5
20	100	100	100	5

## Appendix H – Individual Tax Residency Self-Certification form

*If you have any questions about how to complete this form or on your tax residence, please contact your tax advisor.*

***Please read these instructions before completing this form***

The Company, which term shall be defined as Abacus Fund Administration Limited and their parent, subsidiary, associated and affiliated companies that form part of the Abacus Group, is obliged to follow legislation including international regulations requiring the collection of certain information in respect of clients' tax residence and/or tax arrangements, including the Common Reporting Standard ("CRS") and the Foreign Account Tax Compliance Act ("FATCA") which both require the automatic exchange of information for tax matters.

*Please complete each section as directed and provide any additional information that is requested. Please note that in certain circumstances (including if we do not receive a valid self-certification form from you) the Company may be obliged to share certain information that you have provided to us during the business relationship with the relevant competent authority.*

*Terms referenced in this form shall have the same meaning as applicable under FATCA and/or CRS. If you have any questions about how to complete this form, please contact your tax advisor.*

*This form will remain valid unless there is a change in circumstances relating to the information provided. If any of the information below about your tax residence or FATCA or CRS classification change in the future, please ensure you advise the Company of these changes promptly as an updated self-certification form will be required to be completed.*

***Please note that where there are joint clients each client is required to complete a separate Tax Residency Self-Certification form.***

## Section 1: Client's Identification

Full Name:	
Date of Birth (dd/mm/yyyy):	
Country of Birth:	
Permanent residential address:	
Post code/ZIP code:	
Country:	

## Section 2: Declaration of United States of America ("US") Citizenship or US Residence for Tax purposes

Please tick either (a) or (b) or (c) and complete as appropriate.

(a) ☐ I confirm that **I am** a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number ("**US TIN**") is as follows:

(b) ☐ I confirm that I was born in the US (or a US territory) but am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) ☐ I confirm that **I am not** a US citizen or resident in the US for tax purposes.

**Complete Section 3 if you have non-US tax residencies.**

### Section 3: Declaration of Tax Residency (other than US)

*Complete this section if you have non-US tax residencies.*

I hereby confirm that I am, for the purposes of that country's tax system, resident in the following countries (state your tax reference number type and number applicable in each country).

	Country/Countries of tax residency	Tax reference number type	Tax reference number*
1			
2			
3			

\* Please state 'not applicable' if the jurisdiction does not issue, or you are unable to procure, a tax reference number or functional equivalent. If applicable, please specify the reason(s) for non-availability of the tax reference number:

### Section 4: Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the Company promptly and provide an updated Self-Certification form within thirty (30) days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

I hereby consent to the Company sharing this information with the relevant tax information authorities where legally obliged to do so.

Signature:

Print name:

Date (dd/mm/yyyy):

Please return your completed form to [hodlfunds@abacus.gi](mailto:hodlfunds@abacus.gi) or by fax on +350 21628888 within thirty (30) days of receipt. Non receipt by the Company means that the Company is required to treat the information already held as potentially reportable to the relevant competent authority.

For the purposes of carrying out our business and providing our services Abacus Group may hold personal data on individuals. At all times Abacus Group follows the relevant data legislation including GDPR. Our data protection policy can be found on our website [www.abacus.gi](http://www.abacus.gi).