

Premier Portfolio Management Service

Individual tax residency self-certification form

	of FATCA and the UK Intergove		ments (IGAs)		
•	all sections of this form and ret		wildford Curroy CIII 7DE		
Premier Fund Ma	anagers Limited, Eastgate Cour	t, High Street, G	uliafora, Surrey, GOT 3DE		
Section 1					
Your details					
Account number	(if applicable):				
Full name:					
Date of birth:	DDMMYYYY				
		J			
Country of birth:		T	own or city of birth:		
Burthauth and	l			as Committee has	
Residential add	iress		Correspondence addre	iss (it applicable)	
		0 . 11. 1			
Legal name of th	e entity/entities of which you a	re a Controlling i	Person:		
Section 2					
	sidence for tax purpose	s & related ta	xpayer identificatio	n number ("TIN") or equivalent	
and (ii) the accou		y indicated (eg N		(I.e. where they are liable to pay tax) er). If the account holder is tax resident in	
If a TIN is unavail	able please provide the approp	riate reason A, B	or C where indicated belo	DW:	
Reason A - The country where the account holder is liable to pay tax does not issue TINs to its residents					
· Reason B -					
· Reason C -	No TIN is required. (Note. Only do not require the TIN to be d		n if the authorities of the c	ountry of tax residence entered below	
Country of ta	ax residence	TIN		If no TIN available enter reason	
	27. Testaeries	''''		A, B or C	
1					
2					
3					
Please explain in	the following boxes why you ar	re unable to obta	ain a TIN if you selected Re	eason B above.	
1					
2					
3					

Section 3

Declarations and signature

I acknowledge that the information contained in this form and information regarding the account holder may be reported to the tax authorities of the country in which this/these account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the account holder may be tax resident where those countries (or tax authorities in those countries) have entered into agreements to exchange financial account information.

I certify that I am the account holder (or am authorised to sign for the account holder) of all the account(s) to which this form relates.

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

I undertake to advise within 90 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:
D. delay and a second s
Print name:
Date: DDMMYYYY
Note : If you are not the account holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.
Capacity:

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