

**FATCA Questionnaire**

**Client Full Name**

1. Are you an American citizen or Green Card holder? If yes, since when?

- Yes                      Since
- No

2. Do you pay taxes in the US? If yes, please provide your TIN (Taxpayer Identification Number)

- Yes,                      TIN
- No

3. Were you born in the US? If yes, please advise if you have renounced the US citizenship or if you intend to.

- Yes
  - Renounced the US citizenship since
  - Intend to renounce the US citizenship
  - Do not intend to renounce the US citizenship
- No

4. Have you ever applied for the Green Card or for the American citizenship? If yes, please state the date of application and when you expect to get either.

- Yes
  - Applied for a Green Card on
  - Applied for the US citizenship on
  - Expected Date
- No

5. Are any of your direct family members (father, mother, brothers, sisters, spouse, children) American citizens?

Yes

NAME	RELATIONSHIP

No

**FATCA Questionnaire**

6. Do you have any financial/economic interests in the US? If yes, please specify the following:

Yes

Financial/economic interests type			
Approximate value			
Annual generated income			
Income received by	<input type="checkbox"/> Checks	<input type="checkbox"/> Swift	<input type="checkbox"/> Cash
Other (specify)			
Financial/economic interests type			
Approximate value			
Annual generated income			
Income received by	<input type="checkbox"/> Checks	<input type="checkbox"/> Swift	<input type="checkbox"/> Cash
Other (specify)			
Financial/economic interests type			
Approximate value			
Annual generated income			
Income received by	<input type="checkbox"/> Checks	<input type="checkbox"/> Swift	<input type="checkbox"/> Cash
Other (specify)			

No

7. Have you visited the US territories during the last 5 years?

Yes

1. Year		Number of Days		Reason	
2. Year		Number of Days		Reason	
3. Year		Number of Days		Reason	
4. Year		Number of Days		Reason	

No

8. Have you ever lived in the US? If yes, please advise the number of months in the US and the full address.

Yes

Number of months		State		City	
		Street		Zip Code	
Number of months		State		City	
		Street		Zip Code	
Number of months		State		City	
		Street		Zip Code	
Number of months		State		City	
		Street		Zip Code	

No

**Full Name**

**Signature**

**Date**