



# FATCA/CRS for Corporate Account Self-Certification

We've rebranded from Novia to Wealthtime. You'll notice that some of our products and services have kept the Novia name. So don't worry if you see both Wealthtime and Novia names in our documents. Wealthtime is a trading name of Novia Financial plc.

This form should be completed if you are opening a Corporate account and one or more of the corporation, directors or beneficial owners are any of the following:

- A non-UK resident
- · A non-UK tax resident
- A non-UK national
- A dual national (including UK national)

You should also use this form if any connected party becomes any of the above whilst they are on the Wealthtime platform.

Tax regulations require us to collect information about each client's tax residency. In certain circumstances we may be obliged to share information about your account(s) with HMRC and this may be shared with other tax authorities in other jurisdictions.

If you need assistance completing this form, please contact the client services team on 0345 680 8000.

Please provide certified copies of a passport or driving license for each director along with this form.

You can send this either by Secure Messages via your Adviser Zone login or by any of the below:

Email: clientservices@wealthtime.com

Post: Wealthtime Client Services, PO Box 4328, Bath, BA1 0LR



# **Investor Details**

Investor number:	
Corporate entity name:	
Legal entity identifier(LEI) number:	
GIIN (global institution identity number):	
Country of incorporation:	
De status tiene mensele en	
Registration number:	
Tax identification number:	
Name of tax identification number	
(If not TIN):	
Country in which your organisation	
is resident for tax purposes:	
Registered trading address	
(incl. postcode):	
Correspondence address	
(if different, (inc. postcode):	
(ii dirierent, (iiio. postcode).	
Nature of business:	
Source of wealth:	
	I.



# **Director Details**

Director One				
Title:	Da	te of birth (dd/mm/yyyy):		
Forename(s):				
Surname:				
Residential address (including postcode):				
Are you a UK resident for tax purposes?	Yes No			
NINO:				
Please insert tax identification numbe	r and local tax authority	for all countries the directo	or is registered for tax purposes:	
Tax identification number		Name of local tax authorit	У	
If no TIN available please state the rea	son why:			
Nationality				
(please list all nationalities):				
Country and place of birth:				



Director Two			
Title:	Da	te of birth (dd/mm/yyyy):	
Forename(s):			
Surname:			
Residential address (including postcode):			
Are you a UK resident for tax purposes?	Yes No		
NINO:			
Please insert tax identification number	r and local tax authority	for all countries the directo	r is registered for tax purposes:
Tax identification number		Name of local tax authorit	У
If no TIN available please state the rea	son why:		
Nationality (please list all nationalities):			
•			
Country and place of birth:			



Director Three				
Title:		Date of birth (dd/mm/yyyy):		
Forename(s):				
Surname:				
Residential address (including postcode):				
Are you a UK resident for tax purposes?	Yes No			
NINO:				
Please insert tax identification nur	mber and local tax author	ity for all countries the director is registered for tax purposes:		
Tax identification number		Name of local tax authority		
If no TIN available please state the	e reason why:			
Nationality (please list all nationalities):				
Country and place of birth:				



Director Four			
Title:	Da	ate of birth (dd/mm/yyyy):	
Forename(s):			
Surname:			
Residential address (including postcode):			
Are you a UK resident for tax purposes?	Yes No		
NINO: Please insert tax identification num	nber and local tax authority	y for all countries the director is registered for tax purpo	oses:
Tax identification number		Name of local tax authority	
If no TIN available please state the	reason why:		
Nationality			
(please list all nationalities):			
Country and place of birth:			



# Beneficial owner details

#### Beneficial owner one

(individuals owning or controlling m	nore than 25% of boo	dy corporates or partner	ships)			
Title:	Da	ate of birth (dd/mm/yyyy):				
Forename(s):						
Surname:						
Residential address (including postcode):						
Are you a UK resident for tax purposes?	Yes No					
NINO:						
Please insert tax identification number is registered for tax purposes	and local tax authority	for all countries the benef	icial ow	ner/		
Tax identification number		Name of local tax authori	ty			
If no TIN available please state the reas	on why:				 	 
Nationality						
(please list all nationalities):						
Country and place of birth:						



# Beneficial owner two (individuals owning or controlling more than 25% of body corporates or partnerships) Title: Date of birth (dd/mm/yyyy): Forename(s): Surname: Residential address (including postcode): Are you a UK resident No for tax purposes? Yes NINO: Please insert tax identification number and local tax authority for all countries the beneficial owner is registered for tax purposes Tax identification number Name of local tax authority If no TIN available please state the reason why: Nationality (please list all nationalities): Country and place of birth:



#### Classification under FATCA

If the organisation and/or one or more of the controlling persons is reportable under FATCA then please mark ONE of the below boxes.

If the organisation is a Financial Institution, please specify which type:

1. UK Financial Institution or a Partner Jurisidction Institution.	
2. Participating Foreign Financial Institution (in a non-IGA jurisdiction).	
3. Non-Participating Foreign Financial Institution (in a non-IGA jurisdiction).	
4. Financial Institution resident in the USA or in a US territory.	
5. Exempt Beneficial Owner.	
6. Deemed Compliant Foreign Financial Institution (besides those listed above).	
If the organisation is not a Financial Institution, please specific the entity's FATCA status below:	
1. Active Non-Financial Foreign Entity.	
2. Passive Non-Financial Foreign Entity	
If the organisation is any of the following and therefore not a specified US person please mark this box and select one of the below:	
1. A regularly traded corporation on a recognised stock exchange	
2. Any corporation that is a member of the same affiliated group as a regularly traded corporation on a recognised stock exchange	
3. A government entity	
4. Any bank as defined in section 581 of the US Internal Revenue Code.	
5. A retirement plan under section 7701(a)(37) or exempt organisation under section 501(a) of the US Internal Revenue Code	
6. Any other as defined by the US Internal Revenue Code	
Organisations classification under the Common Reporting Standard (CRS)	
Please select one of the below options with reference to the tax residency of this entity.	
1. Financial Institution	
2. A professionally managed Investment Entity outside of a CRS Participating Jurisdiction	
3. Active Non-Financial Entity which is regularly traded on an established securities market or a governmental entity or an international organisation	
4. Active Non-Financial Entity other than listed above	
5. Passive Non-Financial Entity.	WT-FAT



#### Declaration on behalf of the trust's investors

(This section must be completed regardless of submission method)

We will accept the receipt of this form without a signature, provided it is submitted through the Adviser Zone secure email service. If you choose to sign the completed form, please arrange for the original to be returned to us. By submitting this form, you are confirming the following:

- I declare that the information in this form is true and correct to the best of my knowledge.
- I agree to indemnify Wealthtime against all such claims or losses, including additional tax charges and fines, in the event that the information provided proves to be incorrect.
- I understand that checks may be performed on this instruction to confirm details are correct.
- I confirm that I have the investor's authority to submit this instruction on their behalf.
- I undertake to advise Wealthtime promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.
- Where legally obliged to do so, I hereby consent to Wealthtime sharing this information with HMRC (the UK tax authority) where applicable and I understand and accept that this information may then be shared with the tax authority in the country of residence.

Adviser name:		
Position:		
Firm name:		
Firm FCA number:		
Adviser's signature:	lf you are submitting by post, you must sign here.	Date (dd/mm/yyyy):