

Registration of Reporting Financial Institutions

● **Complete this form to register as a Reporting Financial Institution under section 64-10 of the Tax Administration Regulation (Regulation Number 2013/R-45) as amended.**

Details of the Financial Institution

1. Name of the Financial Institution

2. Type of legal form Corporation Partnership Trust Others (*Please specify*) ➔

3. Type(s) of Financial Institution Custodial Institution Depository Institution
 Investment Entity Specified Insurance Company

4. What is the Financial Institution's country / jurisdiction of residence for tax purposes?

5. What is the Financial Institution's country / Jurisdiction tax ID or TIN?

6. Mailing address of the Financial Institution
Country/Jurisdiction

Registered Address

City State/Province/Region ZIP/Postal Code

7. Does the Financial Institution maintain a branch in a jurisdiction outside of its country / jurisdiction of tax residence?
 No
 Yes (*if "YES" complete items 8 and 9*)

8. Is the Financial Institution a tax resident of the Maldives or does it maintain a branch in the Maldives?
 No
 Yes ➔ *Provide the TIN of the Maldives Financial Institution or branch*

9. List each jurisdiction (other than Maldives) in which the Financial Institution maintains a branch.
(Use additional sheets to if necessary)

#	Name of the Branch	Jurisdiction

10. Contact Details

Full name

Designation

Email address

Contact number

11. Details of the person authorised to act on behalf of the Financial Institution

Name of the authorised person

Business Registration Number

Designation of the authorised person

Name of the contact person assigned by the authorised person

Contact number

Email address

Declaration

I here by declare that to the best of my knowledge and belief, the information provided above and the documents attached (if any) are true, correct and complete.

Title Name

Contact Number

Designation

Date

Signature & Seal

For Office Use Only

Received By

Received Date

Entered by

Registration Number