

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Contact Details

<input type="text"/>	<input type="text"/>
Full name	Designation
<input type="text"/>	+ ()
Email address	Contact number

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

<input type="text"/>	<input type="text"/>
Name of the authorised person	Business Registration Number
<input type="text"/>	
Designation of the authorised person	
<input type="text"/>	+ ()
Name of the contact person assigned by the authorised person	Contact number
<input type="text"/>	
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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Name	Contact Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Designation	<input type="text"/>	<input type="text"/>	Signature & Seal

For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Received Date	Entered by